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ORIGINAL ARTICLES.

VITAL REGISTRATION—ITS IMPORTANCE TO THE PUBLIC HEALTH.

By J. SAVAGE DELAVAN, M.D., ALBANY, N. Y.

State Commissioner of Health.

The importance of a correct knowledge of the vital movement of a people from the commencement of existence to the final ending of life, is a fact of acknowledged utility to the minds of those who are earnestly seeking to improve the health of the people of the State, by instituting measures for the prevention of the avoidable causes of disease and death which yearly make up the mortality of its population. How such a system of perfect knowledge of the march of a generation through life, with the principal events of the life history, does assist in the well being of the race by prolonging human life, by diminishing disease, and thus advancing the great science of improving the condition of the people at large, it will be my endeavor to elucidate in the present paper. The importance of a thorough knowledge of the possessions of mankind, the estate of which he may be the owner, the articles that are his personal property, is fully admitted. Without system in matters pertaining to ownership, what disorder and confusion would shortly obtain! What care is taken to make tenure of property secure to the owner thereof! How many are employed in the daily registration of each parcel of land, of every building upon its surface! And as far as man's possessions are concerned, the record is perfect, and the importance of such exact knowledge is admitted by every man and woman in the nation. Yet, if such care is needed to insure tenure of property to the individual, how much more important is it that the life of man should be fully understood, that the three principal events in that life should be studied, and a correct and perfect record be kept of them! Notwithstanding this necessity, vital registration has not yet met with the success its importance to the community deserves, and although it is slowly gaining ground as a public necessity in the minds of thinking men and women in the land, still it has not as yet become of acknowledged importance among the people or their governors. It is hard to impress upon the public mind, what to the sanitarian seems so patent, that the whole problem of the improvement of the public health hinges upon a knowledge of the life of the individual from the cradle to the grave. The public mind does not yet thoroughly comprehend what a register of births, marriages and deaths has to do with the prevention of disease and the improvement of public health—rather considering laws made to enforce such registration as an infringement upon the personal liberties of the individual, and as an unnecessary exactness in detail, which is hardly worth the time and money employed to carry it out.

Some thoughts on vital registration of the movement of a single human life, with the knowledge gained by such a record, may bring the subject before the minds of the people in a more serious light, and perhaps aid in inducing some of those who have not yet regarded the subject in a serious manner to consider its importance as a measure for the public good.

Each life has a history—be it long or short, whether the life ends before the being has passed the boundary line that really enters upon life itself, or whether the babe progressing to youth, from youth to manhood, and from manhood to old age, until finally, as in the vision of Mirza, the life drops into cloudland, tired out by so long a journey—which history is of vital importance to the student of sanitary reform and to the well-being of the race.

Knowledge of the causes that have produced the death of the individual, no matter when such death occurs, can only be obtained by a correct understanding of the life itself from its commencement. The great reason why the death rate in cities and towns seems larger to-day than it did some years previously, is not only that the population has increased numerically, and that occult causes have obtained to suddenly increase the rate of mortality, but that *now some methods* are taken to know how many are actually born, and how many die in infancy. Before laws were enforced making it imperative to record births, any statistics as to the mortality of a place must have been of necessity very incomplete, and the people, unconscious of the lives that had, like the butterfly, but a momentary existence, were ignorant of the *true* death rate, and imagined that their town or city was more healthy and more prosperous than others. This one point should impress the utility of the registration of births upon every thinking mind, especially when we think that out of every 1,000 children born, 149 succumb before the first year of life is reached, and 263 before the fifth year. Out of the 54 deaths in Albany for the week ending May 5th, 18—nearly $\frac{1}{4}$ —were under five years of age—24 per cent.

The registration of the marriage tie is the *bête noir* of the opposers of the system, if opposers there are. What good is accomplished by such a method? Why should an event like marriage be made public property? We grant that it is all well enough to know about births; but why such pertinacity in knowing the age of the groom, the age of the bride, whether maid or widow, etc.? I suspect, perhaps wrongfully, that we are indebted to the fairer portion of the community for the opposition to this part of vital registration. Ladies usually have no age—that is, to speak of! But let us see of what utility such a register really is—I mean to the public health, and that is my only plea in this paper.

The certificate of marriage is a link in the chain of exact information, which united forms a perfect whole. As the end in view to be gained by the statistician cannot be perfected without a full record of the passage of the generation through life, so the omission of the recording of the marriage tie would mar the perfectness

of the completed record. Another great point to be gained is the establishment of legitimacy, and while really from the ordinary standpoint of public health no such arguments can be advanced for this registration that are for the former, viz., the birth record, still to the statistician such a record is most valuable, as a means of arriving at a correct understanding of the vital movement of the people, whose health and prosperity are to be benefited by such records. As this paper is not intended to be other than strictly what its title implies, I will not allude to the advantage to the individuals who are married by such a record being preserved as a certificate of such a contract, an advantage that may be of incalculable value to those who come after them. Nothing can be said against the propriety of marriage registration, and certainly no objection should be made, when its object is understood, viz., the completing of the life history of the individual.

The last event that finishes the statistician's labors is the record of the inevitable end of all—the record of death. I have endeavored to show how important it is to the welfare of the race to have an exact knowledge of life's commencement, and now let us see of what paramount necessity it is to understand and have recorded what cause or causes have obtained to finish the life of man. The end of life is caused either by accident or by disease, as few, very few, ever leave this world by the euthanasia, or ending by limitation. A knowledge of what maladies are producing death each year, with a careful study of the causation of such diseases, must necessarily lead to efforts to remove such causes. It is not enough to say, he is dead; we must ask, why did he die? Why such frightful mortality among infants, for example? Why do epidemics carry off their thousands, when, under ordinary circumstances, these lives might have been saved? The record of death is the keynote of sanitary reform. We learn with exactness, and acting under such knowledge are enabled to employ measures to prevent disease. I might give numerous examples of the great importance of a study of the death record—one or two will suffice.

I will take an example that we in our Bureau of Vital Statistics are constantly meeting.

The report of the week's mortality comes to the central office of the State Board of Health of New York, for instance.

The Superintendent of Registry sees that in some little town a large number have perished from one disease, say diphtheria. Straightway he writes to the Health Officer of the town for a sanitary examination of the premises where such deaths have occurred. The examination is made. The expert finds that where the destroyer has laid his hand, some terrible defect exists, either in the drainage or sewerage of the locality, or perhaps he finds a well poisoned by filth, whose death-dealing draughts are masked by seeming freshness and purity. Measures are taken to eradicate these evils, and the scourge is stayed. If no record had been kept of the death rate, and of the causes of such deaths, the mortality would increase; but by the simple record valuable lives are saved.

One other instance—that dreaded malady, small-pox, whose very name carries terror with it, is now practically under control, solely by the fact that the recorded knowledge of its presence enables the health authorities to provide the means for stamping it out in its commencement. If the one case that died had not been reported, and the precautionary lancet had not preserved the exposed from danger, who can estimate the lives that would have been sacrificed?

These facts are known, and are in the every-day experience of the health authorities in every town, village and city in this country.

The death record, therefore, needs no apology, but its necessity as a means of preserving public health must be universally acknowledged.

From the earliest times some efforts have been made to establish a system of registration of the three great events in human life—birth, marriage, death. These methods, crude and imperfect as they were, have grown from their own inherent value to the people into a system that, once made a part of the law of nations, will result in incalculable value to the world; but to be of value such a system must be exact and universal. On the 14th of April last, a life closed that has done more to advance and popularize vital registration than any one in the world. Dr. William Farr, of London, died full of years and honors. His labors in the cause have established forever the fact that vital registration is a public necessity, and the results of his life-work are too well known to need any word spoken in their praise.

Our own country is behindhand in the work of sanitary reform; but I am glad to say that the people are commencing to think, and slowly but surely the necessity for stringent laws to aid the health authorities in the prosecution of their labors is becoming impressed upon the public mind. State Boards of Health are being formed, and are in flourishing condition, and when the time arrives that a perfected and universal system for the registration of the vital movement of the people shall become a matter of legal necessity, when such a system shall exist in every village, town and city in our land, ending with a solid national administration, then, and not till then, will vital registration be recognized by the nation, as of paramount importance to the saving of human life, and to the health, welfare and prosperity of the whole country.

CHRONIC BRIGHT'S DISEASE.*

By GEO. M. OCKFORD, M.D., VINCENNES, IND.

Among the diseases encountered in practice, none holds a more prominent part than Bright's disease of the kidneys. Its frequency presents great claims for our consideration of the affection. Its pathology is known to all, and it is unnecessary to trace the disease through its stages. Suffice it to say, that modern pathologists only recognize two stages; first, that of inflammatory swelling, and second, that of atrophy and shrinking. Various processes occur in different cases, but all inevitably tend to produce the same results in destroying the functions of the kidneys. Bright's disease attacks more men than women. It shows a preference for the debilitated and depressed constitution rather than the robust. Prominent among its predisposing causes are exposure to cold and wet, the excessive use of alcoholic liquors, and the abuse of irritating diuretics. It occurs as an accompaniment of prolonged suppuration, of caries and necroses of the bones, as well as the gouty, syphilitic, scrofulous and malarial cachexiæ. In fact, it may be said to find an incentive in every chronic diseased condition that impairs the nutrition of the body. Chronic malarial poisoning is looked upon by some who have investigated the subject as the most prominent cause of Bright's disease, although it may be remarked that an attack of acute fever has never been observed to terminate in this disease, although albuminuria may have been a prominent feature during the febrile attack. In its onset, Bright's disease is marked by insidiousness, and no signs are presented by which we may be forewarned. Pain in the kidneys is very rarely present. The changes in the urinary secretion are unobserved, and it is only when the patient is unable to perform his mental and physical labors that a physician is consulted. Then the principal complaint is of an unaccountable lassitude. The patient is so weak and tired. Upon examination of the case, we may find that there has been a sympathetic irritation of the bladder, and frequent discharges of pale, watery urine. The quantity of urine passed does not vary much from the normal standard,

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but the character of the urine is always peculiar. It is always of a low specific gravity, ranging from 1,020 to 1,004; it is more viscid than normal urine and foams easily. Its reaction is acid or neutral. Albumen is almost invariably present constantly, and although in some instances it may disappear for a time, the intermission is of short duration, and as a rule albumen persists in being present during the whole course of the disease. The amount of albumen lost to the system in this disease varies from 75 to 230 grains daily. Another peculiarity of this urine is the light flocculent deposit, which is observed after it has stood for awhile, and which under the microscope exhibits the characteristic casts of the disease. These casts, however, are not diagnostic of Bright's disease, unless they occur in connection with other symptoms of the affection. Dropsy is one of the most constant symptoms; it commences on the eyelids and face, and then extends successively to the feet, the upper extremities, abdomen and scrotum, and finally attacks the cavities of the chest and abdomen. The dropsy may increase rapidly and acquire immense proportions, or it may increase and decrease, or remain *status quo* for a longer or shorter period. The albumen and dropsy may disappear, and yet the kidney may be steadily shrinking, until it is no longer able to perform its function, and then the patient succumbs to uræmic poisoning. The symptoms of uræmia may be developed suddenly, the patient being seized with vomiting, convulsions, loss of sight and hearing, etc., or the attack may be ushered in with vertigo, headache, vomiting and stupor. In other instances, the uræmia comes on gradually, and the patient feels lazy and sleepy, complains of a severe headache; the face becomes cold and the expression stupid, until sopor and convulsions appear. We must remember that oedema of the brain produces similar cerebral disturbances, and we may suspect this complication when there is marked oedema of the face, the urine is not suppressed, the carotids pulsate, and when the attack takes the form of deep coma with intercurrent convulsions. Failure of vision, even amounting to complete blindness, sometimes accompanies Bright's disease, and if the patient is subject to any dyscrasia, the peculiar features of that dyscrasia are apt to be developed and magnified. Other diseases arise as complications or accompaniments. Hypertrophy of the left ventricle of the heart affects a majority of all patients suffering from Bright's disease, and persistent catarrhs of the bronchi and intestines are of frequent occurrence.

The disease may run a rapid course, ending life in a few months, or the patient may live for ten or even twenty years after Bright's disease is firmly established, unless life is ended by some intercurrent malady.

Is Bright's disease curable? Apparently cases have been cured, and in the early stages of the disorder we can reasonably expect a cure in many cases. In old or neglected cases, when the kidney is atrophied, our prognosis should always be extremely doubtful. Patients may show marked improvement while under treatment, but we should always bear in mind the fact, that spontaneous remissions occur, and in those long lasting cases, there are always fluctuations in the course of the disease. A superficial observer might think the disease was cured from these characteristic fluctuations, and we cannot be sure of a cure until our observations have extended over a long period of time. But even in those cases which are incurable, we may add to the length of life and relieve many distressing symptoms by proper hygienic and medicinal treatment.

In the treatment of the disease, we must not lose sight of its constitutional character, and if we find its starting point to be in alcoholism, malarial poisoning or any other pre-existing cachexia, we should adopt hygienic measures tending to alleviate these special conditions. Our whole *Materia Medica* may be called into action during the treatment of Bright's disease, although experience has shown that the best results have been

obtained from the administration of *sulphur*, *arsenicum*, *phosphorus*, *plumbum*, *lycopodium*, *helonias*, *uranium nitrat.*, and other constitutional remedies. The loss of albumen is an indication of the structural change suffered by the kidney, as well as one of the principal causes of the debility. The diet should be nutritious, and frequent meals are often necessary. But as the diseased kidney is unable to separate and remove waste material, food rich in proteids may increase the quantity of urea in the blood, and its dangerous consequences. Hence preference should be given to foods poor in albumen, such as veal, fish, fruits, green vegetables, etc. Fatty substances are allowable when the digestive powers of the patient are sufficient for assimilating them. Wine, beer and alcoholic liquors, as well as spices and strong aromatics, should be avoided. Milk is especially valuable as an article of diet, and its exclusive use is said to prove curative. In such cases, the patient should take from five to six pints of cows' milk daily, and persist in this for a number of weeks. Skimmed milk is preferred by some, and when this is used from six to eight pints must be taken during the twenty-four hours. The two essential points to be considered in the question of diet are that it is nutritious and easy of assimilation and digestion. Defective nutrition will be found to be responsible for the disturbance of the system in many cases. Some mineral waters have been found to exert a beneficial influence on the disease. When the dropsy is severe, the daily use of a bath of a temperature of 80° to 100°, to be followed by sweating for two hours in blankets, has been of service. Caution must be used, however, in the employment of hot baths, as their use has been followed in some instances by uræmia, and persons very much debilitated may succumb under its use. The hot air bath and the alcoholic bath effect the same results, and their occasional use may serve to avert threatened dropsical effusions into the brain or lungs. Active purgatives and diuretics are injurious. Diuretics reduce dropsy at the expense of the integrity of the kidney, and the use of purgatives is apt to produce fatal gastro-intestinal affections. Frequent bathing and care of the skin should be practiced. Fresh air and plenty of it is advisable. Exercise of a moderate amount is allowable, but as excessive physical exercise is injurious, it is well to advise carriage exercise when possible. Frequently change of air does good, especially if the patient removes into a southern dry climate, and lives on mainly a vegetable diet. The dyspnoea attending Bright's disease oftentimes resembles angina pectoris in its severity, and *nitrite of amyl* administered by inhalation will often give relief. The soluble *cream of tartar* given in buttermilk will often relieve excessive dropsies, and when the swelling of the skin is very tense, it may be punctured. In puncturing the skin, we must always take measures to prevent erysipelas, which is extremely liable to attack the punctured skin. To effect this object, we may paint the surrounding skin with carbolized oil, using one part of carbolic acid to forty parts of sweet oil. In uræmia, iced applications to the head always appear to exert a beneficial effect.

Among the special indications for remedies we may note:

Ailanthus in threatening uræmia, when the face is of a dusky-red color; the urine is suppressed, and stupor or delirium is present.

Apis mellifica is to be thought of in those suddenly developed dropsies, attended with puffiness under the eyes, a shining and white skin; soreness of the abdominal walls and constriction about the throat.

Arsenicum in periodical headaches, burning pains, pale, waxy skin; asthmatic attacks; anasarca; debility and restlessness.

Aurum met. is serviceable in syphilitic complications.

Cannabis sativa is often of benefit in catarrh of the bronchi, attended with profuse expectoration.

Colchicum and *benzoic acid* are to be thought of in gouty complications.

Digitalis will often relieve the marked irregularity of the heart's action.

Eunymus relieves headaches accompanied by albuminous urine and dyspeptic and bilious symptoms.

Helonias is called for when there is languor, with heaviness and weakness of the renal regions; the patient dreads the least exertion, but feels better when employed; a feeling of inability to accomplish easily performed labor; at the same time, the urine is profuse, clear and albuminous.

Kalmia latifolia will frequently relieve those neuralgic and rheumatic pains which appear to be in the bones of the lower extremities.

Lycopodium. The patient feel very debilitated while at rest, and yet is averse to exercise; there is wakefulness at night, with sleepiness in the daytime.

Mercurius corr. may be employed in cases presenting a bluish, pale face, with puffiness of the face and feet, and offensive catarrhal secretions.

Nitric acid is indicated by an excessive slimy secretion from the mouth and throat, and a dry, dark and dirty-looking skin.

Phosphorus is useful in nervous exhaustion, with a weak, empty feeling at the pit of the stomach; dimness of sight, and painless, watery diarrhoea.

Plumbum met. is one of our best remedies. Workers in lead suffer from Bright's disease, and we may hope to relieve cases presenting rapidly progressing emaciation and debility; colicky pains; obstinate constipation, and when the urine is loaded with albumen.

Sulphur is always useful, either given as an intercurrent remedy, or to meet certain constitutional symptoms present.

Tartar emetic relieves dyspnoea due to an excessive accumulation of mucus in the chest.

Uranium nitrate is indicated when there is present frequent and troublesome urination, especially at night.

These are but a few of the remedies applicable to the treatment of Bright's disease. Its complex character requires individualization of every case, and a consideration of every diseased condition that accompanies it, in order to prescribe a remedy that shall be in accord with our therapeutic law of "*similia*."

SIMILARITY OR IDENTITY.

By ELDRIDGE C. PRICE, M.D., BALTIMORE, MD.

"No one truth, great or small, can ever be hostile to, contradict or disprove another."—*One Religion*: Many Creeds.—Ross Winans.

In undertaking to answer the question of the degree of similarity constituting perfect homoeopathicity of the drug to the disease, Dr. A. W. Woodward adopts the following definition: "If we find a drug which specially disturbs the same organs, and in the same degree as they are disturbed by the disease, it makes little difference what special symptom may be present, whether pathogenetic or otherwise, it will be removed by this remedy through its correspondence with the totality of the disease conditions."

Superficially this answer bears the semblance of truth, and the Gordian knot seems to have been deftly untied; but is it true?

Let us see if the apparent solution of the problem will bear a minute analysis:

If a drug and a disease affect the same organs in exactly the same degree, similar symptoms will also appear, and if similar symptoms appear, how nearly alike must they be to be *similar* and not *precisely alike*? What degree of variance must exist to save them from identity?

Again, is it possible for a perfect degree of similarity to exist without identity resulting?

If it be necessary for this close degree of resemblance to exist, the necessity is a gross absurdity, inasmuch as we are unable to find the ultimate dividing line between

this *nearest* similarity and complete identity. Is it practically possible for this *perfect* similarity and this apparent identity to exist as separate degrees?

Is it possible for two objects to have separate and distinct individuality and yet be identical in every respect? and is identity anything more than a perfect similarity? If so, is homoeopathy based upon perfect similarity, identity, or what degree of similarity? This is a conundrum that isopathy—whatever that may be—should assist us to answer.

Dr. Woodward makes a remark that I confess an inability to understand. He says: "The fact of a similarity existing between the structural changes produced by a drug and by a disease is not sufficient evidence of similarity; a similarity in the *results* of disease is no evidence, either *pro* or *con*."

For me to understand this, it is necessary to know the precise point where disease or drug action ceases, and where the *results* first appear. This nice question our present position in science precludes the possibility of answering. Undoubtedly, Dr. Woodward believes in a law of similars, but students of science should not be content with superficial proof of the existence of any asserted law. It is more philosophical to search beyond accepted definitions and traditional explanations, and, if possible, reach the basic truth.

Of course we are not so unwise as to attempt an explanation of *laws*, but we are eager for a logical explanation of phenomena. We certainly should have a *reason* for the faith that is within us. That there is a law upon which the action of drugs is based, is, I believe, a fact, but the question of the future will be—if we are not prepared to ask it now—is *similia* that law, is it only the *key* to that law, or how is it related to that law?

So far as we have advanced, the *similia* of modern therapeutics is the most satisfactory method yet discovered for the cure of disease, but is it the *ne plus ultra*?

My question, "how is it possible to cure symptoms by a drug that never produced the analogues of these symptoms?" (*i. e.*, granting *similia* to be a law) Dr. Woodward has failed to answer. Scientifically it is *not* possible; either failure or a *chance* cure must result. To command the respect of students of science, or to more fully understand therapeutics, a reconstruction of our *Materia Medica* is necessary. Happily, this reconstruction is in course of progress.

We may talk and we may theorize as much as we please about potency and temperament and symptomatology, and study and work over our cases as earnestly as it is possible to do, but until we have "found our basis," in pathogeny, the small amount of positive knowledge attained will be far from commensurate with our great labors.

As pathogeny is now accepted—with all its errors and fantastic imaginings—individual experience alone is approximately accurate; *exceptional* prevision only is possible, and, therefore, therapeutics is not an exponent of science.

MASSAGE AS COUNTERPOISE.

By GEO. H. TAYLOR, M.D., NEW YORK.

One of the most unequivocal as well as satisfactory uses of massage is its application to portions of the organism, while other portions are excluded. The consequences as relates to the circulation of the blood are double; this fluid is increased in the parts to which the massage is applied, and therefore diminished in other portions of the circuit of the circulation. The latter effect is soon evidenced to the critical observer in the diminished rapidity and force of the pulse, and other evidences of lessened arterial tension.

The good effects derivable from this recourse to the immediate tissues to which the massage is applied has been previously discussed. It is to the effects on the remaining portions of the body, especially favorable in

cases of any local blood stasis, such as fullness or congestion of the head, spine, chest, digestive apparatus and appendages, that attention should be particularly directed. It is scarcely necessary to premise that in a circuitous flow, like that of the blood throughout the body, an impulse supplied at any given point is effective throughout its whole course, as proved by the mechanical function of the heart, in impelling forward the general circulation of the blood. Now, mechanical aid applied anywhere is equivalent to the extent of the impulse afforded as an additional though perhaps minute heart, in overcoming local blood stasis, and in removing local hyperemia.

Another powerful influence in removing local hyperemia of central organs, whatever its form or special symptoms, arises from the effect of the mechanical diversion of blood into parts of the body previously receiving an insufficient amount. When general or local massage has caused the superficial capillaries, and those of the large muscular masses of the limbs to receive more blood, a heavy drain upon its general mass is doubtless produced. Any distension of local capillary vessels is consequently diminished; the capillary walls, previously strained and weakened, are encouraged to contract to their normal size, and are enabled to urge forward the inflowing stream, thus preventing recurrence of stasis and hyperemia. In this way, a cause operating at a distance is quite capable of removing local hyperemia in any part of the course of the circulation.

What renders massage specially valuable as a remedy for the condition indicated, is the fact that it renders these effects permanent. The increased flow to, and localization of blood in the part subjected to massage, does not end the effect, which is not merely an improved distribution of the blood, but one of increased use and disposal of it. For increased nutritive changes are superinduced, involving oxidation and the production of water, carbonic acid and salines, which are constantly diminishing the volume of the blood, and as constantly compensated from the digestive organs. These changes, so long as they are in operation, powerfully oppose local hyperemia, which nearly always depends on obstructions arising from defective chemical action assuming some form of sub-oxidation.

The transfer of increased quantity of blood from congested or hyperemic central parts to the more exterior and muscular parts in the way described, will be recognized as a physical act, and the result of causes mainly physical, and might for the sake of distinction be denominated *physical revulsion*. It is an aid on the mechanical side of physiology, with special reference to immediate rather than ulterior purposes.

Physical revulsion requires the pathological state for its full demonstration by massage. For while local increase of blood is readily secured by mechanical causes, yet when all parts are healthy, there is no opportunity to raise local nutritive activity as when this is defective, in which case there are no differences of status to be removed. Besides, in chronic affections, the system is in general more susceptible to impressions by reason of increased irritability, and therefore responds readily and thoroughly to those derived from mechanical causes.

The reason for the necessity for general massage to precede the local, as stated in a preceding paragraph, is now made clear. All massage causes increased blood-flow to the part to which it is applied, and it should not therefore, at the peril of increasing the localized affection, be first applied directly to the part distended by hyperemia. But by applying the massage to remote, and to contiguous parts, the local hyperemia is removed, at least so far as to diminish local tension, subjecting the material of blood to useful employment elsewhere; in fact, need for blood is caused at other points, thus producing physical counterpoise in the distribution of the blood.

After securing a desirable degree of this mechanical distributive effect, massage may be applied to advan-

tage directly, but tentatively, to the local disease, however severe its manifestation. All injurious or unpleasant effects at the suffering locality are in this way completely obviated; the gentle mechanical compression and inter-cell friction communicated by the hand of the operator now only assists the desired normal contraction of the distended capillaries and other tissues, and enables them to perform their natural and desired functions of urging forward and maintaining continuous removal of the local fluid.

The power of massage to remove the failures of local function which are the conspicuous evidences of chronic disease, is direct, easily demonstrated, and so complete when intelligently applied as to leave scarcely anything to be desired. It is applicable in all forms of chronic disease, however diverse the local symptoms—as well to obscure internal affections, as to the most conspicuous external fault. The effects are permanent, because restorative of the automatic activities, which alone constitute health. In this respect, massage is in extreme contrast with those temporary incentives to action, which are so much sought in various kinds of ways, and are quite deficient in the quality of self-perpetuation that is essential to a real remedy.

At first view, it may be considered that massage is in some sort a substitute for and an equivalent to other remedies of external application that have always been in vogue; that, in fact, whatever removes localized impediments in the circulation, and whatever increases the amount of blood retained in such parts of the body as shall operate to oppose hyperemia of some other part, bears a relation to and favorable comparison with massage. This, however, is a too restricted view of the subject and omits the most important and fundamental principles involved, for it wholly leaves out the fact of the destruction of local impediments, chemical and physical, by the oxidation that is superinduced by massage, and for which other local applications furnish no equivalent. It also omits the coincident local heat production, by and in the part suffering from previous deficiency, through the actual and necessary interchanges of matter by which heat is developed, and upon which the organism naturally depends for its heat supply. Massage is a process for superinducing the self-sustaining processes of health, in place of the counterfeit and transient appearances for which an attempted substitute in the form of heat is employed.

AGENCY OF HEAT.

The most immediate and conspicuous evidence of the restorative as well as the revulsive effects of local massage, is the local increase of heat in the parts in which heat was previously deficient. The skin and the extremities become not only thoroughly warmed to the natural degree, but in a short time are capable of maintaining their warmth. This is complete evidence that due nutritive changes are proceeding in the muscles and in the intervascular fluids; of the liberation of water and carbonic acid from materials drawn from the blood; and of a uniform circulation, and the consequent absence of regions of local hyperemia and undue and uncontrolled local capillary distension and its consequences. It is almost instinctively understood that both muscular and nervous energy arise in the system from essentially the same conditions as those in which heat is liberated. The inference hence arises, that to raise the local heat is virtually to increase the vital manifestations in its correlated forms of muscular and nervous energy.

The heat that arises from normal, that is from completed chemical changes (wherein no excess of sub-oxides arise), is rapidly diffused throughout the system, and doubtless aids the equal distribution of the blood in the several parts, while excessive production is rendered impossible by the rapid increase of its loss through the skin, synchronously with its production. The benefit of heat production, or rather of the process from which heat arises, therefore inures to the system at large.

But if the normal products of oxidation, water, carbonic acid, and salines, fail to be produced, then the chemical products reach only some inferior, sub-oxidized stage. In this case, the heat arising from the chemical changes is retained with the sub-oxides. These sub-oxides have a great tendency to accumulate at some weak point, where also in consequence local excess of heat will appear. This is inflammation, or, if diffused, it becomes fever. In either case, the remedial indications are sufficiently apparent, and these are to increase oxidation, which cools the body by converting sub-oxides to the completed forms, in which only can they be dismissed from the body. All anti-fever and anti-inflammatory remedies, of necessity, in some way promote this result, that is, facilitate oxidation and therefore heat-elimination; hence it is found in practice that for local excess of heat, in chronic affections, massage is unequaled as a remedy.

The organic economy is wonderfully constituted as regards the simplicity of the means it employs to correct aberrations of function. For while local excess of heat is removed by diffusing the circulation of the blood and by increasing local oxidation so as to attain the eliminatory point, its local deficiency is also renewed by causing a greater inflow of this fluid, and by causing local interior increase of heat production, for both of which opposite conditions massage is equally effective.

THERAPEUTIC USE AND ABUSE OF HEAT.

The physiological effects naturally flowing from suitable exercise—that is health—it has been shown, are attainable by the disabled in the form of massage, which, under the circumstances, is its substitute. These effects are also persistently sought in applications of heat; the superficial effects being, to a limited extent, apparently identical.

For heat applied to the surface of the body is a ready and therefore a popular way of securing mechanical revulsion and some of its immediate consequences. Heat causes dilation of the superficial capillaries, and therefore increases their sectional area, and consequently the quantity of blood required to fill them. This blood, of course, flows from the deeper seated vessels, whose contents are thereby diminished. So far, the same effects are produced as by exercise, and as is attainable by massage, viz., an equable distribution of the blood, restoration of surface heat, and increase of moisture of the skin, and it may be added, the relief of pain.

Hence the popularity of the numerous ways in vogue for communicating heat to the body or its parts, by means of baths, partial and complete, of hot water, hot vapor, and hot air, as well as by local irrigations of hot water.

It is perfectly germane to our subject to inquire as to the physiological effects of this imported heat, to enable us to judge of its propriety under different circumstances, and also to discriminate between the immediate effects of the mechanical and sensorial impression, and the ultimate consequences of hot applications.

It is not an abuse of a hackneyed phrase to say that it is *natural* for the living body to lose heat; in other words, to receive at its surface a constant impression of cold. This impression places the system under stress to evolve the form of energy which by laws of the organism has a necessary connection with both muscular and nervous power, and practically correlates with these.

The living body maintains an average temperature of 40 to 45 degrees above that of surrounding things. It consequently parts with its heat to objects in contact, and radiates it into space, and thus constantly maintains its uniform heat of about 99 degrees. All this heat is produced, set at liberty, interiorly; and the vital activities are in healthful operation only when this heat producing process is going on. The dissociation of energy from nutritive material depends on this process.

Transpiration from the surface, carrying heat off rapidly in the form of watery vapor, which contains a vast amount of latent heat, is the compensation nature supplies when the cooling is otherwise insufficient. This mode of regulating the bodily heat is always operative and sets at defiance the otherwise embarrassing consequences of vicissitudes of heat to which all are incessantly exposed. When external heat rises, and the body parts with too little, the increased vaporization from the surface contributes to the loss and increases it to the requisite amount.

And so all fluctuations of heat losses are attended by corresponding and equal fluctuations of its production.

And since heat production within the living system is dependent on changes of matter involving the use by the system of oxygen, it follows that similar variations occur in the use by the system of oxygen, and in the chemico-vital changes involved in its use, as in heat production, which, as we have seen, is indissolubly connected with vital energies.

Another consideration completes the view of the organic relations of heat necessary to a proper understanding of present divisions of our subject. Oxidation, to which heat-loss is the natural and indispensable incentive, is progressive in the living body. All the phenomena of life, whether physiological or pathological, imply this fact; and this conclusion is the uniform result of philosophical inquiry; and what is still more to the purpose, all therapeutics worthy the name bears the same testimony; but therapeutics makes this all-important addition: The degree of oxidation attained in the living body is in the ratio to the incentive. The principal incentive is *cold*, at least the ordinary and necessary, and in general, involuntary losses of heat, irrespective of sensations. The other subordinate incentive is *motion*: the ordinary activities of life, which appropriate to the uses of the will a fraction of the energy otherwise diffused and lost as heat.

It is plain that imperfect results here should be expected when the causes are inadequate to the production of those more perfect. When the ordinary and natural incentives to oxidation are feeble, as when cold is mainly withdrawn and motion is repressed, then oxidation should not reach its completed stage. The chemical act only arrives at some inferior stage of the process, from lack of the incentive necessary to carry it further.

Every hot application, as a bath—local or general—is therefore the withdrawal of the ordinary natural incentive to oxidation, and also equally so the diminution of the energy ordinarily arising from the vito-chemical activities in which oxidation participates. Such uses of heat annul pain, because they annul power, of which pain is but a form. They postpone those activities through which alone energy is possible. To the extent to which heat is supplied from without, it cannot be produced within, and its correlative of nervous power is repressed while such artificial substitute for heat production lasts. But the artificial supply of heat is the furthest possible from its natural production in its effects. The one represses the removal of waste and favors the accumulation of sub-oxides, the perpetual threat of disease, while the other removes not only the cause of disease, but even the well-developed morbid phenomena in whatever form.

Without abating anything from the full force of the physiological principles above stated, it may be remarked that acute attacks, especially those in which pain is pre-eminent, permit of modification of their application. The circumstances often justify a resort to heat.

The morbid affection in these cases is, in its nature, transient and self-limited, and repetitions of the application of heat are not expected or demanded; the diminished oxidation caused by it is compensated for by concomitant chemical activity throughout the system, and the desired abatement of pain is soon and permanently secured.

These circumstances are, in chronic affections, completely reversed. The system is laboring under embarrassing repression; from the muscles, which do not spontaneously demand nutrition and oxygen, the difficulty extends to the respiratory organs, which fail to take up oxygen, and reacts on the digestive powers, for whose products the demand by the system is feeble, and the predominance of sub-oxides is well marked in all the local manifestations which are popularly regarded as the disease.

All actual (as distinguished from factitious) cures of chronic infirmities must, from the nature of the case, proceed in the line of development—*increase*—as distinguished from the palliation resulting from repression. The essential feature of such disease may be expressed by the phrase, *failure of putting things to use*. The aliment and the oxygen introduced fail to become completely employed, and afford an obstructive and probably noxious residuum; and the tendency of the organism, under the repressive style of remedies, is toward progressively diminishing capability for using the materials from which the energy available for the individual may be developed. The inevitable consequences under this system of repression, even though mildly employed, are easily foretold. The obnoxious sub-oxides are resolved into impediments of function at vital points, and disorder and disorganization extend to the whole body.

The remedial use of hot applications appears to be due to popular errors, diligently fostered by unqualified medical advisers.

One of these errors is the assumption that the sweating is a sort of purifying process, forcing effete and obstructive matters from the body that might otherwise prove injurious. The truth is quite at variance with this assumption; for perspiration, however abundant, is only the appearance at the surface of completely formed products of waste, to the preparing and perfecting of which the process contributes nothing whatever. These go to the surface in excess only when this mode of cooling is made imperative by surplus heat. The actual process of removing waste is interior, and consists in oxidation, which the added heat instead of increasing actually diminishes. The well-known tendency to take cold after sweating is abundant evidence of diminished oxidation.

Another error is, that the suspension of pain, which is enforced by diminished evolution of energy, is the cure for pain. This error is most deceptive and ruinous in its ultimate effects; it only postpones what reappears when the cause of suspension is removed, and thus imposes a constant struggle, without substantial compensation.

The effect of hot applications as a remedy may be summarized as follows:

1. Heat supplied to the body from exterior sources deprives the organism of the power of disengaging energy in the form of heat and its associate forms, from the materials supplied to it for that purpose, because it removes the principal incentive to that action. It contravenes a primary and important principle of physiology. It represses the transformation of tissue, which accompanies all manifestations of vitality; diminishes the use by the system of oxygen, and therefore the removal of the waste of the vital processes in all its forms; these effects being exactly the reverse of those effected by massage, for which the heat applications are an ostensible substitute.

2. Keeping in view the primary fact that *supplied* heat is a physiological repressive, it may, nevertheless, be properly available as a temporary medical recourse, for its limited repressive effects. Its continued employment will, however, be found to be in decided opposition to the requirements of chronic cases, since heat administered is not in any sense a substitute for heat produced, but is in direct antagonism with its processes. It affords not the least correction or control of what is the

essential disease, as distinguished from the consciousness.

3. The revulsive effects and the pain-suspending effects, for which the local and the general applications of heat are chiefly employed, not only contribute nothing to the automatic self-perpetuation of ordinary healthful physiological action, but actually diminish that power. This is also the reverse of what is most desired, and of the real object to be attained in chronic affections.

4. The repression of physiological oxidation, which is the positive effect of providing the heat from exterior sources that needs to be derived from interior sources, is liable to increase the sub-oxides of the body to an unmanageable extent. The obstruction to normal activities at any constitutional or acquired weak point is so insidious that its cause remains obscure, and is usually referred to some incidental circumstance, instead of the actual source of injury. Effects can never be actually obviated without removing the cause; the seeming and factitious should be shunned.

5. Experience points to another phase of the evil consequences of inordinate recourse to heat, as not only possible, but of frequent occurrence. The repressive effect of heat, it will be noticed, is exclusively on the physical side of physiology, the mechanical and the chemical phases of vital activity. While the more obscure and immaterial functions of the nerves are not primarily incited, their relative value in the organic whole is palpably increased. This is because the counterpoise which muscular action always affords against inordinate nerve nutrition is practically withdrawn by heat. The muscles become proportionately less active, and the nerves therefore become more active, from defective counterpoise. Spinal sensory activities under these circumstances easily attain unwholesome proportions, and the chronic invalid is consumed by nervous complications.

FUNCTIONAL COUNTERPOISE.

The transfer to the extremities, the muscles and the skin of an increased amount of blood by means of hot applications and local irritants, is essentially a physical process, and has very little control of functional activities. Such transfer, however agreeable the immediate effect, is incapable of more than temporary improvement of the vital and working conditions, either of the parts securing the accession of nutritive support or in those from which it is drawn. For whatever control we may secure by the methods referred to, of distribution of the circulation, all nutrition, whether of separate regions and parts of the body, or of its functions, is ultimately amenable to the *law of use*. Every part and every instrument of power constituting the organism receives blood in the ratio to which it employs what the blood brings to it for nutritive purposes, and fails to receive blood to evolve heat and muscular and nervous power which are the natural attributes of the part when these fail of being applied to use; that is, when the loss of heat is prevented by external heat, and when the muscles are idle.

It follows that the mechanical aspect of revulsion, so far from being the primary and controlling, is in reality but a subordinate one; that instead of being regarded as a therapeutic cause, it is only an effect, incidental to functional action.

Massage, which deals in physiological uses as distinct from the mechanical effects usually sought, touches a phase of therapeutics so little cultivated as to be practically unknown to the ordinary medical prescriber. This relates to the functional uses to which nutrition may be applied at the will of the prescriber, as contrasted with the too frequent endeavor he makes to forcibly repress a too excitable function. A little reflection—still better, a little patient experimenting—would soon demonstrate that the simple need is to turn a portion of the too abundant stream into a [neighboring

exhausted channel; then there must be equable and uniform flow.

Massage determines the functional uses to which nutrition should be applied. It regulates the relations to each other of diverse and distinct functions; it moderates the one in excess and increases the one defective, and in this way re-establishes the harmonious relations which are essential to health. It secures proper distribution of nutritive support by simply applying such support to the desired use. It does not stop at the impracticable point of forcing increased nutritive material upon unwilling organs, trusting to them without incentive to do the rest; nor does it expect to diminish the activity of a habitually excited function, without in some practical and permanent way withdrawing the incentive on which such morbid manifestations depend.

Energy assumes forms in the body in accordance with circumstances which control its dissociation from its connection with matter. Since all parts and all functions draw support from the same common reservoir of blood-supply, it is obvious that such energy assumes form and character in the tissue, and in accordance with the needs imposed upon it. Energy there is practically transformable. And while energy must, by the constitution of the organism, appear as heat energy, muscle energy and nerve energy, the proportionate amount which actually appears in either of these forms is subject to the greatest variation, according to the control which may at the time influence the direction which it may take and the form it may assume. It is this control of the form and the rate of manifestation that is one of the functions of medicine, and practically the most important, since it is here that are found the beginnings of all pathological manifestations.

Scarcely any law of the vital economy is more susceptible of practical proof than the one now referred to.

This law of distribution of energy in accordance with the respective demands of function, is operative to even extreme degrees, so that intense incitation of one may practically, for a limited period, exclude another. This happens when intense cerebral incitation suspends muscular power, as in case of extreme emotion; or when the same cause suspends the control by the capillaries of their contents, or produces irregularity of the heart's action, etc.

REPRESSION OF NERVOUS ACTIVITY.

In a similar way, control of nervous manifestations is attainable by adequate incitation of muscular nutrition. To attain the demonstration of this principle in its extreme degree, it is necessary to supply incitement to the muscles out of the ordinary manner, by withdrawing the will. The exercise of the will invites nutrition of nerve centres; and when the muscles and nerves act as in health, synchronously, nutritive support is equally distributed between the two functions. But, if the muscles be incited through exterior supply of motion instead of incitation proceeding from nerve centres, then the muscles receive the whole of the nutritive result, and the nerve-centres so little that their functions may thus be practically suspended.

It has before been shown that massage supplies to the muscle cell all the physical conditions for the chemical and nutritive changes to which it is in its nature and purposes adapted; and that this is done in accordance with the ordinary conditions for muscular support, only substituting mechanical energy from exterior sources of supply, for that ordinarily arising from the muscle itself, under the ordinary incitement arising in the nerve-centres.

It will be observed that in this way—that is, by the supply of all incentive as well as all the physical conditions for muscular activity—the agency of the nerve in muscular function is entirely omitted. Neither the will nor reflex action are brought into play, and the

nerve-centres from which these spring are therefore inoperative, and in practical suspension. The blood supply to these centres is, therefore, diminished proportionately to this diminution of the demand; but on the other hand it is supplied to the muscles in proportion to the artificially exaggerated demand. The energy that would have been divided between the nerve-centres and muscular substance is wholly appropriated by the muscles, and appears under these circumstances chiefly as heat.

There is scarcely any principle in physiology more susceptible of satisfactory demonstration than the one above stated, and scarcely one of greater therapeutic importance.

The extreme degree of functional revulsion is complete suspension of all nerve-power, sensorial and reflex. To attain this, it is necessary to supply a more thorough massage than can be supplied by the unaided hands of an operator. This result may, however, be easily commanded, through apparatus devised and adapted to this purpose. In this way a practically unlimited control over nervous manifestations of power, both normal and morbid, is easily and certainly attained. Both reflex and sensory power can be thus completely suspended.

Lesser degrees of control of the nervous activity are just what is therapeutically required in a vast variety of cases of chronic diseases. Nothing more is wanting than cultivation of muscle dissociated from nervous activity, to maintain the effects thus secured. This is a therapeutic process, having a more rare and complete result than is often attainable in medical practice.

This principle of nutritive revulsion and counterpoise finds its special therapeutic field in all cases of neuralgia wherever located; in chorea, hysteria, epilepsy, and in all spasmodic affections. The same principle is of equally successful application in the less fixed forms of nervous disorder, as in sleeplessness and irritable nerves, however manifested.

THE SALTS OF LIME.*

By A. C. COWPERTHWAIT, M.D.,

Professor of Materia Medica in the Iowa State University.

The salts of lime which have received the attention of homœopathic provers and prescribers are the *carbonate*, *phosphate*, *acetate*, *arsenate*, *fluoride* and *sulphate*. It is, however, only with the first two named that this paper has to deal, the others holding relations of secondary importance in the homœopathic *Materia Medica*.

The *calcium carbonate*, so-called, has been from the time of Hahnemann a remedy of the utmost importance, ranking as a polychrest, and holding its own solely by virtue of its undoubted therapeutic power. In preparing it, Hahnemann always used the whitest pieces from the middle of large broken oyster shells, which he triturated. While this substance undoubtedly contains the *calcium carbonate*, yet, owing to its mixture with other salts, it is so impure a carbonate that this designation is, to say the least, inaccurate and misleading. Hering informs us that accurate analysis has shown that some portion of the *phosphate* is contained even in the whitest pieces taken from the oyster shells; and the long-lasting famous lawsuit of the East India Company about the *James' powder*, has shown that there is an essential difference in the effect on sick persons between chemical preparations apparently alike, if the same substance has been taken from the mineral or animal kingdom. Dr. Hering, therefore, names this preparation *calc. ostrearum*, and it is to be regretted that Prof. Allen has not followed this nomenclature in his standard *Encyclopedia of Materia Medica*.

* Read at the 17th Annual Session of the Indiana Institute of Homœopathy, May 8, 1883.

Several preparations of *calc. phos.* were used in the provings, but it is understood that our *phosphate of lime* is prepared by dropping dilute *phos. acid* into lime water, as long as a white precipitate is formed, which latter is collected and triturated. *Calc. phos.* has not been used as much in therapeutics as has the *carbonate*, yet its presence in a greater proportion in the tissues of the body would lead us to infer that as a nutrition remedy it is equal, if not superior, to its relative, the *carbonate*. It forms one of Schüssler's immortal twelve tissue remedies, and is no doubt of great value in its own peculiar sphere of action. Both of the salts under consideration act exclusively upon the vegetative system. The *carbonate* excites in a moderate degree the functions of secretion and absorption, resulting in a condition of irritation which extends to all the organs and systems of the body, impairing their nutrition, favoring a deposit of earthy salts, and profoundly altering the composition of the blood, in a manner that causes its effects to simulate the three great disorders of nutrition, scrofula, tuberculosis and rachitis, in which conditions we find its chief sphere of usefulness. The *phosphate* is not so far-reaching in its pathogenetic power. Its presence in great excess, or its entire withdrawal from the system, causes defective nutrition, which results in imperfect cell-development, and consequent decay or destruction of tissue, especially in the osseous and glandular systems, so that, while it may be useful in the dyscrasias above referred to, its action does not mark out these conditions with the great similarity of the *carbonate*, save in rachitis, where it seems to exceed, by virtue of its nutrient power, the action of the latter.

From these observations we may expect to find the *carbonate* useful in those conditions and pathological states which naturally accompany and result from the scrofulous and tubercular diatheses. These are numerous and varied in their character, and had we not in our methods of drug study some means of arriving at the therapeutic individuality of drug action, we might be lost in our endeavors to select the appropriate remedy, for it cannot be said that *calcareia* is the remedy to prescribe in all scrofula and tubercular affections, any more than *aconite* is the remedy for all fevers, or *sulphur* for all blood impurities. Nor are we compelled to rely exclusively upon the language of our subjective symptoms for our therapeutic indications, for while the value of these must not be underestimated, yet we may see in the objective manifestations those evidences which enable the alert physician to more quickly recognize the character of the disordered condition within, and then if he can follow with the more concise and clear-cut subjective symptoms, the indications are all the more complete. It is a mistake to underestimate either objective or subjective symptoms; each have their own place of value, and both are necessary for the perfect understanding of the image of disease. So, too, may we say that a knowledge of pathology is equally important, for while it is not alone necessary that we know we have a scrofulous or tubercular constitution with which to deal, yet without such knowledge we should be much further from a correct solution of our therapeutic problem. The successful homœopathic physician must needs have all the information in pathology, and the pathological action of drugs possessed by his *confrère* of the old school, and he must have still more—those finer shades of individual drug action which homœopathic provings only bring to light, and homœopathic prescribing alone fosters. So to us, outside of certain pathological states in which we recognize the frequent indications of our remedy, there are certain individual characteristics which more clearly define its use. The *calc. carb.* patient presents a picture which is unmistakable in its meaning. A pale, leucophlegmatic person, with light complexion, blue eyes, blonde hair, and fair skin—fair, fat and flabby. This may not only indicate a tendency to scrofulous or tubercular disease, but it also indicates the temperament in which

calcareia is of most benefit; and where we find a patient corresponding to the above description, we are very apt to find subjective symptoms calling for this remedy.

Calc. phos. does not present such a picture. In this drug the patient is now thin and withered, though with some tendency to flabbiness. The skin, instead of being pale, is more a dark brown or yellow; the patient, in short, presents what might be called a phosphatic diathesis. In such the bones are brittle, or, on the contrary, are inclined to bend or curve; the spine easily becomes curved, and the fontanelles remain wide open, or reopen after closing. Bones are affected at the sutures or symphyses, and this tendency of *calc. phos.* to cause irritation in sutures, may afford a reason why it often assists in forming a callus after fracture, which is a sort of artificial suture. Thus we have this remedy highly recommended in the non-union of fractures. In *calc. carb.*, if the bone is diseased, it mostly involves the whole epiphysis, and the tendency is toward softening; the bones become curved, thus causing the limbs to be deformed and crooked, like the *phosphate*. In the *carbonate* there is more a tardy first development of bone, and the fontanelles do not close, associated with which we always have lymphatic enlargements, which is not the case with the *phosphate*.

As might be expected, both of these salts retard the processes of dentition, the *carbonate* affecting the first dentition, and the *phosphate* the second dentition. Both are said to be of benefit in hip joint disease—the *carbonate* in the second stage, and the *phosphate* in the third stage, where it is claimed that it puts a stop to the further destruction of bone, stops suppuration, and promotes new organization. *Calc. carb.* is of most use in diseases of infancy and childhood, particularly in enlargements and indurations of the submaxillary, cervical, or mesenteric glands, tendency to hydrocephalus, etc. *Calc. phos.* is more useful in diseases of youth and middle age, and especially of old age, or in children who appear old from disease. It is said to be particularly useful in the complaints of children who grow too fast, especially school girls at or near puberty.

It will be difficult to carry this subject further without a comparative study of the subjective pathogeneses, which, however important it may be, does not come within the scope of this paper.

CLINIQUE.

THE SATURDAY CLINIC, CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

SERVICE OF PROF. A. W. WOODWARD, M.D.

Reported by Wm. B. Clarke.

As many of you are not familiar with our method of prescribing in this clinic, it is proper I should say a few words introductory.

Every physician when at the bedside realizes the difficulty of choosing the right remedy for the sick; even the homœopathist, though guided by "*similia*," has many doubts arising from the fact, that, while we can easily find a simile for *one symptom*, we have no means of readily adapting a drug to all the symptoms present in the case, and we soon learn that covering *one symptom* is not enough to insure a cure; we must cover all the important symptoms by the remedy. Hence it is apparent, this very practical impediment to our success must be overcome before we can claim scientific accuracy for homœopathic therapeutics.

It was with a view of overcoming this difficulty, that the members of the class in this college have, during the past few years, been striving to find a new method of applying the law of similars. This has been done through new and original provings. These have been somewhat extensive, and have yielded very satisfactory

results, in demonstrating that every drug so far proved has an individual action upon the human organism, seen in the succession of organic derangements produced by the drug when taken in health, and in medicinal doses. We have reason to believe that this particular succession belongs to the one drug alone, and may be obtained from many provers. To illustrate: we have found that *arsenic* taken by many persons, will produce first gastric symptoms; soon these will be followed by head symptoms, and these by spinal, and these by cutaneous; soon after respiratory symptoms will arise, etc. Now, when we find an acute disease in which these particular organs are deranged by the disease through sympathy, we apply this remedy with confidence, quite regardless of the special symptoms that may be present, being governed in our selection by this total resemblance, rather than by a special symptom.

By our scheme the human organism is divided physiologically into nine systems, viz.: *Cerebral, spinal, respiratory, gastric, enteric, urinary, sexual, cutaneous and circulatory*. Now, if we know what particular combination of three, four or five systems are deranged by a remedy, and see the same combination prominent in disease, we are enabled to draw extremely fine lines of differentiation between similarly acting drugs, and find that we are obliged to use the higher potencies.

As a majority of the cases visiting here are chronic subjects, we shall find they often originate in remote causes; hence, to obtain a correct idea of the case we must have a full history from youth onward. This will often give us a series of serious ailments affecting various organs; each special ailment has left its mark behind, while the chief complaint is of something new. Now, in this series of ailments we shall find the succession portrayed that belong to our remedy, while if it be an acute case we shall find the succession in the associated derangements attending the case.

April 28. *Case No. 17,095*. Slender, anemic woman, age 43; first visit March 24. Record says "*chronic bronchitis*;" has had a cough about four months, worse during past three weeks, with considerable pain in back and stomach as well as chest; coughing induces perspiration and brings a bad taste into her mouth; says she has always been delicate; easily tired; has had four children; menstruation of late irregular and profuse; cannot remember when her digestion was good or her bowels regular. Of late has suffered with increasing debility, headache and neuralgia; is quite despondent, and we find a pulse of 120. In selecting a remedy for this woman, where shall we begin our adaptation? The strumous diathesis manifest here has doubtless existed from childhood, antedating all other complaints, hence we must choose a remedy not only useful for the cough, but for the conditions preceding the cough, so our drug must begin its action at the skin, including also the cough, inappetency, constipation, debility, fever and headache. This combination is much like that belonging to *silicea*; we will give the remedy four times daily.

The next week she reported appetite better, bowels regular, less headache, feels stronger, looks brighter, pulse 88, but says the pains in her chest and the cough are worse instead of better. *Phosphorus* was now given for the cough especially.

The next week she reported a rapid improvement in every respect, until the stormy weather set in, when she became very soon as bad as ever. We then returned to *silicea* with benefit as we see to-day. This case shows the importance of adhering to the remedy suited to the concomitants, even though another is better adapted to the local affection.

Case No. 17,116. Woman, age 34. "*Reflex neuralgia*," sharp pains about the heart, poor appetite, indigestion, frequent and severe headaches; had a severe

attack of *rheumatism two years ago*; after that subsided these pains came on. This seems to be a clear case of remote cause and present effects, and upon these data we gave *bryonia*, as that drug begins its action at the spine. The next week she reports some relief of cardiac and gastric pains, but her rheumatism was returning, as well as the headache. Thinking this was retracing the course in which the disease had developed, we continued the remedy. A week later she reports a return of neuralgia, loss of appetite, headache, and increase of rheumatism, with a pulse 90.

Evidently we have erred in our remedy, and failed to reach the primary source of her complaints. On further inquiry we learned she had a miscarriage four years ago, followed by *prolapsus* and *leucorrhœa* for some months. As these were relieved she began to have rheumatism. This gave us a new clew. Manifestly the sexual disorder was the origin of her present troubles. This idea is sustained by her statement that her menstruation of late is painful and scanty. This combination of disorders points distinctly to *cinicifuga*, four times daily. To-day she reports feeling better than for months past; the neuralgic pains about the heart and the headache are removed; her appetite and digestion much improved, and her rheumatism almost cured. *Cinicifuga* will be continued until the menstruation becomes free and painless, when we may expect a radical cure.

Case No. 17,270. Woman, age 20. "*Acute gastric catarrh*;" complains of much wind on stomach; flatulency, offensive taste, slimy mouth, no appetite, and feels very weak; slight exertion induced perspiration; pulse 90; other functions normal. This combination of symptoms points directly to *carbo veg.*, four times daily.

This week she reports almost well. *B. Carbo veg.* continued.

Case No. 17,314. Woman, age 65. "*Acute bronchitis*." Caught cold ten days ago; throat and chest feel sore; has frequent attacks of violent, deep, loose cough, which are very debilitating and starts the perspiration. She feels hungry and faint from delayed meals; is much dejected and hopeless; sleep is broken by frequent coughs; pulse weak, 60; bowels regular; urine normal; the indications for *phosphorus* are unmistakable. This week very much better. *B. Phos.* continued.

Case No. 17,315. Woman, age 26. "*Acute bronchitis*." Took a severe cold two weeks since, with profuse discharges from nose, throat and lungs. Expectored freely and easily; no pain or soreness until lately the chest is becoming sore; makes little complaint otherwise; tongue has yellowish coating; no appetite or thirst; is quite sensitive to the cold air, it makes her cough more; urinates six or seven times during day more freely than usual. Pulse 88; the head seems clear, no rheumatism or debility. The indications here point sharply to *kali bich.*, every three hours.

Case No. 17,351. Woman, age 49. "*Chronic gastritis*." April 28, complained chiefly of debility and sick feeling about stomach; has no appetite, but much thirst; stomach is tender to touch; has dull headache and is very despondent all the time; has had hot flushes since change of life one year ago. Getting tired makes her faint at stomach and causes cold perspiration; her bowels and kidneys act regularly; pulse 60, weak. We find the gastric symptoms date back seven years, since then she has not been well. There is only one remedy for this case: *B. Arsenicum*, four times a day.

May 5, she reported great improvement, less thirst, better appetite, more cheerful, no faintness, feels stronger; says she is almost well. Continue *ars.* as before.

Case No. 16,990. Man, age 40; dentist; sandy complexion; emaciated. First visit here March 10, complaining of constant pulsation in epigastrium. On examination this is most observable under the xiphoid cartilage and at the umbilicus; he is annoyed also by the same pulsations on right tympanum. The case has been pronounced "*aneurism of descending aorta*" by competent

old school physicians; they also said it was incurable; we are skeptical of this. The trouble began two years ago; for the past year it has prevented attention to business; it causes little actual suffering, but makes him very apprehensive.

In addition to these local symptoms, he has *flatulent dyspepsia*, especially after starchy foods. When the dyspepsia is aggravated the pulsations are much worse; he complains also of aching in renal region and frequent urination. No cough or catarrh, but *respirations are tardy* and he has frequent involuntary sighs; he is much depressed in mind; wants to know how long he can live. *Pulse* is steady, 86. The indications for a remedy here seem very perfect, the difficulty involving functions of stomach, lungs, kidney and head. He says the dyspepsia antedates the aortic pulsations; hence, with this as the starting point, we prescribe *lycopodium* four times daily. The next week he reports urinary and renal symptoms much relieved. Dyspeptic symptoms the same. *Chills after eating*, or after exercise that induces perspiration; the pulse is 92 and irregular. Evidently we are not making any real progress; probably we are wrong in our data. We now learn that before the dyspepsia began he had a severe attack of "pleurisy" and was in bed four weeks. After he recovered the dyspepsia showed itself, and within a few months the pulsations began. This fact puts an entirely different aspect upon the case. We must change our remedy to one beginning its action at the respiratory organs, then involving the stomach, kidneys and circulation. As *kali bich.* covers this group of symptoms, we give the 30th four times daily. On the following week the report says: "Stomach and urinary symptoms much better; no more chills; pulsations much relieved; pulse 84. R. Continue *kali bi.* The following week he reported further improvement in every respect; kidneys still act too often, and he cannot forget his trouble, but can eat anything now without inconvenience; looks less haggard and moves more quickly; pulse 78. R. *Kali bich.* continued. To-day he comes smiling, is feeling ready for work, kidneys normal, digestion good, feels pulsations only occasionally, is gaining in flesh and has better color; pulse 72. R. *Kali bich.* morning and evening."

Case No. 17,275. Woman, age 47. "*Climacteric.*" Complained last week of chronic headache and constipation, dyspepsia, palpitation of heart and debility. We prescribed *sepia*. To-day she reports much better in every way, bowels regular, less headache, less dyspepsia, feels more like work. R. *Sepia* continued.

MUSCULAR ASTHENOPIA.*

By JOHN L. MOFFAT, M.D., BROOKLYN, N. Y.

Muscular asthenopia, or weakness of the extrinsic muscles of the eyeball, is so frequently, I may say so generally, associated with accommodative asthenopia, or weakness of the ciliary muscle, that it is difficult to separate the two—especially when confining one's self to but one in giving the therapeutic indications of the various remedies.

The relation between accommodation and convergence is very intimate, and its careful study is essential to the successful treatment of all eyes in which its harmony is disturbed.

While any, or all, of the muscles of the eye may be impaired in a given case, our attention to-night will be occupied by INSUFFICIENCY OF THE INTERNAL RECTI. You have, doubtless, all had patients who complained that prolonged reading or sewing caused heaviness and tension in the eyes and brows, with a sensation of heat, smarting, or sand in the eye, accompanied or followed

by headache. Vision is confused, the letters run together (and let me here call your attention to the difference between this symptom and blurring of the outlines of objects—the latter indicating trouble with the ciliary muscle, affecting the power of the eye to focus sharply). Double vision may occur, and sometimes the patient will feel one eye waver and turn outward. Usually the symptoms disappear, or are ameliorated, upon resting the eyes.

The diagnosis is made by having the patient look at the finger, or at a pencil, which is gradually approximated to about 6 inches from his face, when, if there be a marked degree of insufficiency, the weaker eye will gradually roll outward, or else will fail to converge as the finger approaches, and will suddenly jump to recover its proper position.

A more easy method of detection, however, is to cover one eye while the other fixes the approaching finger; the weakened eye, upon being uncovered, will be observed to move inward to fix upon the object, the patient feeling the movement, and noticing a momentary diplopia, especially if his attention be called to it.

In some cases, if, upon looking at an object, as the flame of a candle, at a distance of eight or ten feet, the affected eye be covered with a colored glass, it will deviate outward; because the image is thus rendered less distinct, and the impulse to converge accordingly weakened, thus allowing the external rectus to overbalance its impaired antagonist.

The colored image will appear on the side opposite the eye behind the colored glass, causing crossed diplopia. This is because when the eye rolls outward, the ray of light from the object impinges upon a portion of the retina external to the macula lutea, and we are so educated as to interpret such visual impressions as coming from the opposite side. For instance, the visual ray from an object to the right and in front of us, strikes the retina to the left of the macula; now, if the eye be so turned that it strikes to the right of this spot, we will interpret the sensation as coming from an object to the left and front. But to return to our tests for muscular insufficiency, a more delicate test is by means of a prism of 14° or 15° placed base upward in front of one eye, the object for fixation being a spot transfixed by a fine perpendicular line held at the usual reading distance from the eye. By this means the image of the dot in that eye will be projected directly above the other, if the muscles be in equilibrium, but any insufficiency will be at once manifested by a lateral displacement of one of the dots. The degree of internal insufficiency is indicated by the weakest prism, base inward, which can be overcome—that is, with which single vision can be maintained. In these tests it is of the greatest importance that the prisms be held accurately perpendicular or horizontal; otherwise the image will be projected obliquely, thus destroying the reliability of the test.

We should next measure the strength of each internal rectus by noting with how strong a prism, base outward, single vision can be maintained, using a candle flame at 8 or 10 feet as the object. Be careful that the patient sees double at first, and then brings the two images together; otherwise he is suppressing the image in one eye, and you can do nothing with him. Before operating, it is necessary also to carefully consider and measure the strength of the external recti, by holding the prism base inward. The normal internal rectus can usually overcome about 30°, the external but 6° or 8°, and the superior and inferior only 1° or 2°.

The principal cause of this affection is myopia, or near-sightedness, the muscles being weakened from the prolonged strain of looking at objects held from necessity close to the eye. Among other causes, those most frequently met with are general muscular laxity, severe debilitating constitutional diseases, excessive use of tea, and the habit of reading while lying on the side, or with the book held off to one side.

* Read before the Kings County Homoeopathic Medical Society, June 8, 1883.

The *prognosis* varies according to the cause, the age of the patient and the length of time since he was first affected.

In infants the cure is sometimes spontaneous, as the changing shape of the head brings the eyes closer together, and thus renders convergence easier. If a cure be not effected, a divergent squint will develop, and the sight of the affected eye become more and more impaired from non-use.

The *treatment* requires much careful attention, perseverance and patience. Of course, if possible, the cause must first be removed. Proper glasses should be prescribed to correct any existing ametropia, and the eyes should rest, or be used but moderately and systematically.

There are several ways in which the patient should drill the eyes. He might commence by following with the eyes his uplifted finger moved slowly from side to side.

He should also frequently drill the eyes by looking at the finger, held six inches from the face, with one eye covered, and upon uncovering it suddenly notice if there be diplopia or a movement of the eye.

Dyer's exercise is also of great value. Choose a book with clear print, and at a regular hour each day read carefully, scanning each letter, increasing one minute each day, having commenced with three or ten minutes, according to the condition of the eyes. If, however, asthenopic symptoms appear, the book must be laid away immediately, to be resumed the next day for no more than as many minutes as had passed when the eyes began to fail. The patient should sit up straight, with the clothes free about the neck, and a good light—not a glare—on the book. He should also hold a pencil at about four inches in front of the nose, as a test of binocular vision; for as soon as he begins to read with only one eye, the pencil will obscure some of the letters.

We may readily record the progress made if we drill the eyes by means of successively stronger prisms, and note how many degrees the muscle overcomes.

Occasionally, in cases of annoying diplopia, it may be necessary to prescribe prismatic glasses. In such a case, it is of the utmost importance that prisms be given which are not quite strong enough to fuse the images, but which require some exertion of the muscles, for if this work be done for them, the latter state of those eyes will be worse than the first.

The patient's health must be placed in as good condition as possible, by fresh air, exercise and general hygienic measures.

Galvanism and faradism of the affected muscles have both been recommended, but according to my experience, are so unsatisfactory as not to be worth the time devoted to them.

If the foregoing measures and the following medicines fail, an operation will be necessary; the tendon of one or both of the external recti must be cut, or, perhaps, the weakened muscle advanced.

As has been said, it is very difficult to give the indications for muscular, apart from those of accommodative asthenopia. Below a few hints are given, which one may be able to carry in the memory, and which may be of service in choosing the right remedy; for in this, even more than in some other troubles, it is necessary that our prescription cover the totality of the symptoms. The following indications were taken from Norton, and from Hering's Condensed Materia Medica:

Agaricus. Vision flickering; the type seem to move. Twitching of the eyeball while reading (especially the left); often painful. Pressure and heaviness of the eyes, which are painful on moving them or exerting them by lamp-light. Little or no appearance of inflammation. Due to spinal or uterine irritation. (*Physo.*)

Ammon. Carb. Eyes weak and watery, especially after reading. Double vision. Result of straining the eyes by prolonged sewing, etc. (*Natr. m., Ruta.*)

Asar. Sensation in each eye as if it would be pressed asunder when reading.

Aurum. Sensation of heat in the eyes on using them. Burning, stitching, drawing and itching in the inner canthi. Tension in the eyes; sees objects double or mixed up. Syphilis.

Calc. phos. Asthenopic headaches of school children. Eyeballs pain as if beaten. Cool feeling behind the eyes. Hot feeling in the lids.

Conium. Double vision. The letters run together. Pressure in the eyes while reading. Burning in the eyes and inner surface of the lids. *Dizziness which disappears on shutting the eyes; staggers because he cannot control his fixation.* Photophobia, without any inflammation. Acts markedly on the left eye.

Crocus. Sore burning in the eyes after reading, and dimness, obliging him to wink or wipe the eyes. Feeling in the eyes as from violent weeping. When in a room, a feeling as though water were constantly coming into the eyes. Inclined to press the eyes tightly together from time to time.

Gels. Diplopia which may be controlled by an effort of the will. Diplopia upon inclining the head toward either shoulder. Eyes feel and look heavy. They close on looking steadily at anything. Eyeballs oscillate laterally when using them. Soreness of the balls. Drawing over the eyes. Dull, full feeling, attended with some aching, in the whole of the orbits; bruised pain above and back of the orbits.

Gels. acts more upon the external than upon the internal rectus.

Kalmia. *Stiff drawing sensation on moving the eyes.* (*Natr. mur.*) Everything is black before the eye when he looks downward. Stiff feeling in the lids and in the muscles. Dull, weak eyes. The eye symptoms are worse in the evening, and in the open air.

Lach. Various asthenopic symptoms worse when thinking of them, on waking in the morning, and in the left eye.

Ledum. A dull pain behind the ball as if it would be forced out.

Mercurialis. Letters run together while reading. Lids heavy and dry. Eyes dry. (*Alum.*) Burning or pain in the eyes (especially the left) while reading and writing. Hyperemia of the conjunctiva after using the eyes.

Natr. mur. Our principal remedy. Results of *over-use*, of errors in refraction, or from reflex irritation. *Weakness of the internal recti.* Letters run together. *The muscles feel stiff and drawn, and ache on moving the eye in any direction.* (Very characteristic.) Pain, burning, smarting, heat and itching in the eyes on using them; also headache. Severe pain over the right internal rectus. Pain above the eye on looking down. Hyperemia of the conjunctiva and margin of the lids. Lachrymation; morning agglutination.

Paris. Pain in the eyes as if pulled into the head. Double vision. "Feeling of contraction in the internal canthi." Headache worse in the evening, with confusion of the whole forehead, and sensation as if the skin of the forehead were drawn together, and the bones scraped sore, with inflamed lids, red margins and sensation as if threads drew from the eye into the middle of the head. Tension around the brow as though the skin were thick and difficult to wrinkle.

Phos. Pain and stiffness of the eyeballs on moving them, and at times a feeling of heat in the eyes, as after looking at a fire. (*Natr. m.*) Aching in the eyes, forehead and orbits.

Phos. ac. Headaches of school children from over-use of the eyes. (*Calc. phos.*) Burning of lids and canthi, especially in the evening by candle-light. Coldness of inner surface of the lids.

Physo. Our principal remedy in *divergent strabismus* from insufficiency of the internal rectus in cases of *pseudomyopia*. Objects mixed. Dull pain over and between the eyes. Eyes smart, feel sore, and pain when moved

from side to side. Scraped feeling in the eyes. Twitchings. (*Agar.*) After diphtheria.

Puls. Eyes ache after using, or darting pains. Pressive pain, or biting pain and soreness, in the inner canthus. Sticking pain in eyelids and canthi in the evening. Dry feeling in the lids. Lachrymation, especially in the cold wind. Morning agglutination. Blear-eyed. In asthenopia from general prostration; following measles; in the negro race.

Rhodod. Insufficiency of the internal recti, with darting pains through the eyes and head; always worse before a storm, usually relieved as soon as the storm sets in. Burning pain, or heat in the eyes when reading or writing.

Rhus. Confusion of sight; objects appear double. Itching in the eyes on exerting vision. Aching and pressive pain in the eyes. Burning in the right inner canthus. Sharp pains run from the eyes into the head. Biting in the right eye, as from something sharp or acid. Result of exposure to cold wet weather or of getting the feet wet.

Ruta. Letters run together. Asthenopic symptoms, principally due to accommodative asthenopia, for which it is one of our prime remedies.

Senega. Diplopia relieved by bending the head backward (indicating an impairment of the superior rectus, or superior oblique) may characterize a complicated case of internal insufficiency, and lead to the choice of this drug.

Sepia. Eyes become fatigued by reading or writing. Asthenopic symptoms worse in the morning and evening, better in the middle of the day. If reflex from the uterus.

While the following remedies do not act specifically upon the internal rectus, they have all—to a greater or less extent—proved of benefit, and may be at any time called for by the totality of the symptoms:

Acon., *alum.*, *apis.*, *arn.*, *calc.*, *caust.*, *cinic* (or *macrotin*), *cinnab.*, *kali c.*, *kali iod.*, *lilium.*, *lith.*, *nux.*, *santo.*, *sulph.*; and, more especially for the external rectus, *chelid.*, *gels.*, and *cupr. ac.*

THE TREATMENT OF DYSMENORRHEA.*

By PROF. R. N. FOSTER, M.D., CHICAGO, ILL.

If we wished to select from the various diseases the two forms that would best illustrate the power of treatment to modify and cure them, we would not be far wrong in choosing ague and dysmenorrhœa. For these diseases are of great frequency; they are of all grades of severity; they have no self-limited pathological process at their foundation, and therefore cannot safely be relied on to get well of themselves. They are either chronic, or tend to become so. We may prescribe for a diarrhœa, or a slight fever, or a neuralgia, or a local congestion, in the evening, and may find our patient better, or even well, in the morning; and never shall we know whether it was because of our treatment or in spite of it. Right here lies the weak point in the science of therapeutics—a point of such vital consequence that weakness there vitiates the whole history of the case in which it exists, and renders it utterly worthless as a contribution to that science; in fact, it throws the case out of the field of science entirely, and gives it up to credulity, opinion, and possibly fraud. Although this obstinate fact must stare every busy physician in the face from ten to forty times a day, yet is its import rarely recognized or acknowledged. Reading our literature carefully, we are forced to the conclusion that the average doctor regards every thousand recoveries that he witnesses as just a thousand cures, and a thousand invincible testimonies to his personal skill, and a thousand authentic proofs of some great law of cure. The laws of pathology, the laws of physiology, or any other of the

laws of great nature, had nothing to do with them. It was just *similia similibus*, or *carboic acid*, or magnetism, or any form of superstition you may prefer, but they were a thousand cures! The only thing to do with this species of intellectual degradation, for it is nothing less, is to strip it naked and expose it remorselessly every time it ventures to appear among us, until it is compelled from very shame to bury itself forever in its own insignificance. Not very long ago one of our journals reported from the very highest authority one of these remarkable "cures" for which our school has become so famous. It was a case of caries of the index finger. The doctor "prescribed *silicea* ³⁰. No improvement in twelve days. Prescribed *acid fluoric* ³⁰, two doses. Returned after twelve weeks, CURED." The same journal reports a similar case. A carious finger had been "running for a year." "Six weeks ago a piece of bone had been discharged." She received a dose of *silicea* ³⁰. A week later the pain had disappeared, and a piece of bone one and a half inches long had been discharged. "The wound closed permanently."

Such cases as these are inexpressibly saddening. They are simply awful. Carious finger bones have been known to behave in just the manner here described for hundreds of years. They have always been painful; they have always kept "running for a year," more or less; they always discharge the carious bone sooner or later (although the bone is not always an inch and a half long); they always cease to be painful, and their wounds "close permanently" when the bone is discharged; such is the pathological history of them almost without exception. Yet these physicians care for none of these things. They gave the *silicea* and the *fluoric acid*, and the cases went on beautifully undisturbed, just like all the others, to their natural termination. No living man can discern a difference between these recoveries and those. And the doctors label them "CURED," and pass on, serenely unconscious of their ridiculous appearance, to similar, and if possible, even more brilliant "cures."

Hundreds of such cases are sown broadcast by our journals every year, and the editors and contributors seem to think that they are rendering the profession a great service by reporting them. An English divine of great learning once preached a discourse, of which he was very proud, to prove the existence of a Divine Being. Wishing to know how his sermon had been received, when he had descended from the pulpit, he asked a plain old farmer how he liked it. "Well, sir," replied the farmer, "I thought it was very fine indeed; but I must say frankly, that, in spite of all you said, sir, I still believe there is a God." Now, that is just my position with regard to homœopathy. In spite of whole volumes of such twaddling so-called cures, I still believe in homœopathy. You may think that an intellectual impossibility, but it is the truth. And, therefore, having first given the above cases for the sake of contrast, I wish to report to you some homœopathic cures of dysmenorrhœa—cures which I think based upon reasonable evidence, and therefore entitled to a place in the approximate science of therapeutics.

Case I. Miss —, aged 22, had suffered for seven years with painful menstruation. The pain began a few hours before the flow, and continued without intermission from two to three days. It was frightfully severe, causing local spasm, and sometimes threatening general convulsions. No treatment, external or internal, except opiates, had ever been of any avail against it. Menstruation was perfectly regular; so was the pain. Neither of them was ever known to fail. This had lasted for seven years, he it remembered when I was consulted, and after a careful study of the case prescribed *pulsatilla* in the third decimal dilution—one drop every hour, commencing one or two days before the time for the menses to appear. At her next period the lady was surprised to find her courses appear before she knew it. She continued her medicine for three

* Read before the Illinois State Hom. Association.

days at each subsequent period for six months, and she has never had a painful menstruation since first taking the *pulsatilla*, now ten years ago. CURED.

Case II. Miss —, aged 24, has been afflicted with painful menstruation for six years, each year the pain becoming greater, until it amounts to torture almost unendurable, usually terminating either in hysterical convulsions or in catalepsy. A careful study of this case led me to use *gelsemium*, the third decimal, with marked benefit, but not with entire satisfaction. Another study led to the selection of *quinine*, the second decimal, which was given six times daily in four grain doses for one week before the period. That ended the dysmenorrhœa *tuto, cito, et jucunde, et in toto*. It is now five years since these remedies were first given, and there has been no return of the difficulty. She continued the remedies for six months. Two years later this lady wrote me from Massachusetts asking for a supply of "that bitter powder," because she felt safer knowing that it was at hand. "CURED" again.

Case III. Miss —, aged 30, had taken *morphine*, *gin* and gynecology (which means mechanical dilatation of the cervix) for ten years, because each menstrual period literally tortured her into convulsions. She dreaded her period as she might her execution. She also was studied up with care. She received *gelsemium* and *crocus*, both in the third decimal dilution, drop doses, hourly and alternately, for three days before her time, and during the first two days of the flow. She has been under treatment for one year, and yet she has not recovered from her astonishment at the fact that during all that time she has not experienced a single menstrual pain! And again, like the physician who gave the *fluoric acid* for caries, I feel justified in crying "CURED," but I think that my faith rests on a more tangible basis than did his.

Cases IV., V. and VI. During my experience I have encountered only three cases of pronounced and undoubted membranous dysmenorrhœa—cases where not only did the friends assure me of the passage of a fish-shaped body from the uterus, but where, at least in two of them, I saw the "fish." In the third case the intelligent description of it left no room for doubt. All of these patients received *borax*, the third decimal trituration, four powders daily, for three months, and in all of them the membranous discharge ceased within that time. In one only did it recur a few months after its disappearance, but on her resuming the *borax* it again disappeared, and has not now been seen for a year. In these cases the pain, which in this form of dysmenorrhœa is exquisitely acute, did not wholly disappear, but was so much diminished that further treatment was not asked. But inasmuch as in all cases the characteristic membrane had been regularly forthcoming for years before, and disappeared very promptly after taking the *borax*, may I not claim justly three times more that the remedy "CURED?"

Case VI. Miss —, aged 20, gave me more trouble than any of the preceding. She was finally relieved, however, by *carbonate of ammonia* and *calcareæ carb.*, both in the third decimal. The *calcareæ* was continued four times daily through the month, while the *ammonia* was given hourly in drop doses just before and during the period. The cure of this case was more gradual, but was nevertheless complete.

Now these six cases of dysmenorrhœa are selected, not at random, but because they are the best, the most striking cases of cure of that affection, by remedies homœopathically chosen, that I can report. I could readily multiply the number of the cases and the number of those ultimately cured, but could not report many more cured so promptly.

I do not wish this Association to understand that I cure all of my cases in such concise and positive manner. I do nothing of the kind. But this I will say, that the cases given are in all respects typical, and so is the treatment, and so are the results. And, furthermore, the few remedies employed in the cases detailed have

been almost the only remedies which I have found necessary to use in order to cure every case of purely functional dysmenorrhœa that has come under my care. I make only one exception to this broad statement, and that is a case which deserted me after four months of treatment without any result whatever. The time required for the cure has varied from one to twelve months. The remedies were administered upon no far-fetched, obscure or peculiar symptoms whatever, but upon the broadest indications, such as the location of the pains, the character of the pains, their time, as occurring before, during or after the flow, and the quality and quantity of the menstrual discharge. You will find them all in the *Materia Medica*, and nearly all among the polychrests. *Gelsemium* was given on the general principle, which clinical evidence is accumulating to confirm that it relaxes the genito-urinary ducts—thus both the male and the female urethra in spasmodic stricture, and the rigid cervix in labor or in any other condition of spastic stenosis.

It was in the treatment of the more obstinate cases that two important elements of success were brought out; these were, *first*, that the treatment must often be continued through the entire month, and that for several successive months; and, *secondly*, that *rest*, sometimes even in the recumbent position, is absolutely necessary in order to the cure of some cases. In fact, rest alone, or unusual quietness, the avoidance by the patient of anything that will excite or exhaust during the menstrual week, is alone sufficient, in some cases, to prevent a growing dysmenorrhœa in young girls. It breaks up the habit in the very act of forming, and there is much of nervous habit in dysmenorrhœa. This point is all the more important, because it is an unexplained law of nature that every woman afflicted with this disease should have a house to clean, shopping to do, a party to attend, or some other foolery to exhaust her nervous energies, just before it is her time to be unwell. And there is no treatment that will cure some cases without the sweet natural adjuvant of rest. Here is a field where we, as physicians, in charge of families where there are young girls blooming into womanhood, can render service of unspeakable value, although none but ourselves may ever know or appreciate it. For painful menstruation usually begins in early life—sometimes at the very first menstruation. And the victims, and their parents, not knowing the consequences, neglect the small beginnings of evil, and month after month permit the delicate girl of fourteen or more, regardless of the sufferings which she experiences (which sufferings are Nature's pleadings for rest, or perhaps for a dose of *aconite* or *pulsatilla*), to attend her schools and parties, and receptions, or other labors, or to expose herself to inclement weather or severe toil. The consequences are chronic congestion of the generative organs, hyperæsthesia of their nervous structures, a slowly increasing and finally a deep-rooted chronic dysmenorrhœa with all its attendant horrors. For it is not the mere pain of dysmenorrhœa that should concern us here; it is the sympathetic weakening and shattering of the whole woman, soul and body, and the rendering of her whole life wretched to herself and a pain to her family. I firmly believe that nine-tenths of this misery can be wholly prevented and rendered afterward impossible by a little watchfulness on the part of parents and physicians during the first two years of menstrual experience. At that period, instead of sacrificing the health of the future woman to the school or to art or to dancing, we ought to be ready and determined to sacrifice every institution in the land to her health—so far as it is necessary to do so. It is better for any woman, or man either, to be a healthy ignoramus than an intelligent invalid.

In many of these incipient cases the quickened pulse and other signs will indicate an active local congestion that demands *aconite*, and again symptoms that call loudly for *belladonna* will sometimes be unmistakable.

But in the great majority of such cases rest is the similitum, the single remedy, and the single dose required. Time, to establish in the nervous and menstrual system a good habit, will do all the rest.

There are rare cases, too, where rest aggravates, although I have never seen one among young subjects. In such the pain is not congestive in origin, but neuralgic, and indicates at once a little group of remedies, at the head of which stand *pulsatilla* for immediate relief, and *calcarea* and *iron* for longer administration.

Another point here we must note. The cases of cure above reported are just such as a positive-minded gynecologist would long to attack with cervical dilators, and so on. He would see in them stenosis and flexions of any and every degree, and would surely look upon the treatment outlined as a wicked waste of time. Yet even theoretically I believe he is in error. The disturbance in such cases is rarely mechanical, still more rarely is it structural; it is functional. Thus the cervical canal is not narrowed by adhesion of inflammation, or by congenital diminution of calibre, or by flexion, except in rare cases. It is narrowed by a spasmodic action of the nerves controlling the parts, and this spasmodic action is but the local expression of a derangement of the whole nervous system. The same cervix which to-day labors with anguish to expel a clot as large as a pea, will in labor dilate to admit the passage of a child. And just because the essential factor in painful menstruation is generally of this functional character, we are able to cure it positively by means that are as gentle and simple as they are certain and susceptible of proof. And the means we employ to relieve are of the greatest moment, when the delicacy and dignity of the young woman are involved: for the bloom and sweetness of virgin girlhood are just as sacred to science, or ought to be, as to religion itself, or to the hearts of all of us.

Finally, this skeleton of a paper is presented as a suggestion to the effect that if homeopathy does "cure" in the true sense of the word, the fact may be shown in possible, probable, and unmythical ways and cases. It may be shown by the report of cases that will hardly admit of any other explanation whatever. Following in the wake of such cases will come a multitude of others, similar, but not so clearly defined, nor so definitely provable, and yet corroborative because they follow legitimately from those preceding. Such cases, authentic and honestly recorded, are an actual contribution, if not to medical science, at least based upon medical science, and are of service to us who must *to-day*, without waiting for that perfect science which may yet be far off, do our utmost to relieve the suffering that trusts us to answer its appeals.

On the other hand, in endeavoring to make such contributions, we must not commit the sin, unpardonable in the man of education, the man of science, and the expert in a specialty like that of medicine, of claiming as "cures" due to our doubtful drugs, results which can far more reasonably be attributed to more potent and well-known influences. Neither must the consideration of this fact blind us to the honest recognition and public acknowledgment that such cures as those above reported are due to the homeopathic principle of therapeutics. The foregoing prescriptions, with the exception of *gelsemium*, were given because the drugs prescribed had previously been given to healthy persons, and their specific action upon the uterus and neighboring organs had thus been made known to us—not in general terms only, but also in particulars. The drug that produced the conditions most nearly resembling those found in the patient was the drug administered in each case, and it was given because of this resemblance. We call that homeopathy. The principle may be overestimated, distorted or abused; but no ethics can require that it should be either used covertly, or quackishly rediscovered, or stolen outright.

CATHETERIZING THE FEMALE URETER.

BY SIDNEY F. WILCOX, M.D., NEW YORK.

In a letter to the *Medical Record* of April 21, '83, Dr. Belfield, of Chicago, mentions Pawlik's method of catheterizing the female ureter. I happened to be a private student of Pawlik's at the time he was making his experiments, and will give a few more points in this connection.

Pawlik was first led to attempt this procedure in cases where the operation for closing vesico-vaginal fistula was performed. He observed, in severe forms of this injury, that the ureters usually opened very close to the margin of the fistula, and were exceedingly liable to be included in the suture and occluded. This accident, of course, would be likely to be followed by disastrous consequences.

He therefore conceived the idea of introducing small, flexible English catheters into the ureters previous to, and allowing them to remain during and after the operation. The use of the catheters during the operation was to show the exact position of the ureters, so that they might not be injured by the needle or included in the suture, and they were allowed to remain, in order that the ureters should not be occluded by the tumefaction of the parts, and also that the urine might be conveyed directly through the bladder without coming in contact with the wounded surface. The two catheters passed out through the urethra, and the urine was caught in a small bowl. By placing the discharging ends of the catheters into two separate vessels, he was also able to determine the relative amount of urine excreted from each kidney.

In order to catheterize the ureter, the patient was placed in the knee and elbow position in a good light, and the perineum strongly retracted with a Sims's speculum. The vesical mucous membrane was then carefully watched until a drop of urine was seen to exude from the ureter, at which point the catheter was made to enter.

The above was the way in which Pawlik commenced this procedure, but now, according to Dr. Belfield, he is able to catheterize the female ureter without the use of the speculum, a feat which could only be accomplished after long practice.

Even in cases of vesico-vaginal fistula, where one can see directly into the bladder, it is often very difficult to find the ureter, and I remember hearing Pawlik remark before an operation, that it would be a bad joke if he should be unable to find the ureter on the day of the operation.

He had constructed a silver catheter of peculiar pattern for this operation, but at the time I was with him he intended modifying it, as it did not entirely meet the requirements.

This proceeding has been practised by Pawlik, as mentioned above, and in cases where vaginal extirpation of the uterus was to be performed. Dr. Belfield suggests that it be done before the operation for extirpation of the kidney to determine whether there are two kidneys existing or not. It strikes me that it might also be of use in certain cases of cystitis, where thorough drainage of the bladder is necessary. The only obstacle is the difficulty of introducing the catheter without a great deal of previous practice.

A CLINICAL CASE.

Tarantula Cubensis.

BY J. SAVAGE DELAVAN, M.D., ALBANY, N. Y.

This remedy, comparatively new to the practitioner, is well described in Burt's *Physiological Materia Medica*. The following case will be interesting:

Mrs. N. B., past middle age, had an eruption on back and shoulders diagnosed as Herpes Zoster symptoms.

Much rheumatic pain in muscles of back and arms. Eruption well marked and characteristic. As convalescence approached, she was troubled with several boils, and at length a true anthrax made its appearance over the right scapula. Great prostration of strength, with angry erysipelatous condition of the parts; much burning and severe pain.

R. *Arsen. alb.*, 3 x trit; dose every two hours. Next day no improvement.

Having read Burt, and observed the cases given as cured by the *tarantula*, I procured some of the 6x dilution, and administered the remedy 20 drops in $\frac{1}{2}$ tumbler of water. Teaspoonful every hour.

The next day the character of the sore was entirely changed. Discharges a healthy pus. All burning and redness fast disappearing.

She convalesced rapidly, and save a few doses of *arsen. 3x*, the *tarantula* was all the remedy she had.

The case was well marked, and I think the result shows conclusively the value of the remedy in the treatment of anthrax.

[*Tarantula Cubensis* was first introduced to the profession by the late Dr. Jose J. Navarro, of Santiago de Cuba, in a paper with illustrative cases published in this journal several years since, the clinical observations of which have been frequently verified in practice.

The remedy has come to rank first in the affections which Dr. Navarro indicated, especially in suppurating glandular swellings, carbuncles, etc., characterized by the excessive general hyperæsthesia.—Eds.]

CONTINUOUS EXTENSION TO THE LOWER MEMBERS.—

Dr. Hennequin (*Le Prog. Méd.*) draws the following conclusions on this subject: Extension, active force and counter-extension, passive force, are automatic, mechanical or mixed.

Mechanical extension ought to be applied upon the part the least heavy and the most mobile; counter-extension upon the most heavy and least mobile.

The means of fixation of each ought to be bearable and harmless, and should never extend beyond the limit of the segment upon which they take their points of support.

In the solutions of continuity, the point of the fracture, in arthritis, the articular interspaces, are the centres of action of the motor agents.

The force of the traction ought to be in proportion to the resistance to be overcome, and applied so as to obtain its full power. The force employed against the inevitable resistance only is of use; that expended against accidental resistances is absolutely fruitless.

The inevitable resistance is represented by muscular tonicity and cutaneous elasticity; the accidental resistances by different elements, of which the principal are frictions of all kinds and the influence of gravity upon the segments placed in decline.

The accidental resistances should be suppressed or diminished as far as possible, and the section submitted to extension placed in such a manner that the influence of gravity upon it may be utilized or rendered *nil*.

Extension or traction will be made by weights, independent of elastic bodies, and applied so as to render effective the force transmitted to the mobile portion.

The transmission of the extension and counter-extension forces is usually mediate—rarely immediate.

The scientific direction of all treatment by extension requires the knowledge: 1, of the weight of the force employed; 2, of the force transmitted to the mobile part; 3, of the resistance to be overcome; 4, of the loss of extensive force resulting from a faulty application; for it is indispensable that after having experienced any loss, the traction still preserves a power sufficient to overcome the unavoidable resistances. Success is the result of this care.

It is impossible to establish the force of accidental resistances; that of the unavoidable resistances, in the adult, whatever may be the development of the muscles, is between two and four kilos. The force transmitted to the mobile part should never be greater or less than these figures; in the majority of cases it will be nearer the former figures.

Counter-extension, which ought always to be either automatic or mixed, never purely mechanical, can only be employed with a force equal to that transmitted by the soft tissues to the immobilized segment, if the latter is placed horizontal.

In conclusion, we have briefly the two words: *equilibrium, tolerance*.—(T. M. S.)

HOT WATER IN EPISTAXIS.—M. Auquier (*Gaz. Hebdomadaire de Montpellier*) mentions a case in which he was called to a man of twenty, who had been suffering for three hours from violent epistaxis. The patient had been subject to such attacks from infancy. M. Auquier tried in vain to stop the bleeding by means of cold water, plugging the nares, mustard plasters, etc. At last he irrigated the nose with very hot water, with instant success. During the next night and day the friends of the youth were able by this means to stop at the outset several fresh outbreaks.

CARBOLIC ACID AGAINST SNAKES AND RATS.—An East Indian correspondent of *Hardwick's Science Gossip* calls attention to the value of this substance, which he has used by pouring the liquid acid down the holes in which the dangerous, venomous snakes, so abundant in that country, have taken refuge. If even a small quantity comes in contact with the reptile, it is quickly fatal, while two or three drops will soon kill a large toad. Acting upon this idea, a local pharmacist has used the crude acid as a topical application to sundry and numerous rat-holes in the basement of his establishment, with the most satisfactory results.

OLEORESIN OF MALE FERN.—According to E. Dieterich, the frequent failure of *oleoresin of male fern* as a remedy against tapeworm is to be ascribed to its irrational administration. The experiments which have been made by mixing one part of the *oleoresin* with two parts of *castor-oil* have been very successful, and this mode of administration deserves, therefore, the preference. The unpleasant taste of the mixture may be disguised by filling it in capsules of about 45 grains each. The dose may be regulated for six capsules to seven or eight more, according to circumstances. It is advisable to empty the bowels the preceding day by a mild purgative, best by *castor-oil*.—*Medical Press*.

CURE OF SQUINT WITHOUT OPERATION.—Dr. Boucheron claims that as convergence is caused by efforts of accommodation for near objects, this faculty should be taken away by means of *mydriasis* with *atropine*, etc., and a cure usually obtains in two or three weeks.

THE MECHANICAL TREATMENT OF NEURALGIA.—The author (Dr. E. Rasori) uses the tuning fork in the treatment of neuralgic pains, applying it, vibrating, over the course of the painful nerves. The instrument was applied for from twenty to forty minutes, when the patient was relieved without further treatment. During the neuralgic attacks one of the women had suffered from vomiting, but after the relief from the application she was troubled no more in this way. *Bollet. della Soc. Hancisiana, Roma: (Cin. Lan. and Clinic.)*

CURE OF MANIA BY SHOCK.—A case has recently been reported from Michigan in which an acute maniac jumped from a train going forty miles an hour, and not only escaped injury, but was found to have perfectly recovered.

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EDITORS:

EGBERT GUERNSEY, M.D.

ALFRED K. HILLS, M.D.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

MEDICAL EDUCATION.*

In every employment in life, permanent success depends upon the intelligence and skill brought to bear upon the performance of its duties. That man is uniformly the most successful whose discipline of mind and habits of thought enable him not only to utilize to the best advantage scientific facts, but the deductions drawn from his own observations in the prosecution of his work. The end for which we spend years in preparation, for which we give the thought and labor of our lives, is success; that success which not only brings present reward, but the benedictions of those for whom we have labored, and the consciousness as we look back at the end of our journey upon a life's work, that we have tried honestly and faithfully to fulfill our duty.

In considering the subject of medical education assigned to your committee, we have thought it wise, instead of passing in review the various medical colleges in the country with such criticisms upon their efficiency and a general system of medical education as we deemed just, to confine ourselves to the discussion of general principles.

Every department of science is subject to change. As we penetrate deeper and deeper into the arcana of nature, with constantly increased facilities for analyzing its work, we are met at almost every step with new facts, some of them so important as to change opinions already formed, and break down theories which were accepted by the scientific world. The chemistry, astronomy and geology of our day are entirely different from that taught by our fathers, and we find ever in the world of science, there is no such thing as rest, that the watchword everywhere is progress, and that the

man who fails to seize hold of the new facts brought out by scientific research, and avail himself of the points of every line of investigation, soon loses his grip upon public confidence, and finds that success for which he struggles slipping from his grasp.

The scientist should have no prejudices. He is looking after facts, and follows in their line wherever they may lead. A single fact, though it may not establish a principle, will serve as a hint to a line of investigation which may disclose a world of truth, and these hints to the true scientist are never overlooked. They are like the falling apple to Newton, or the forcing up of the lid of the tea-kettle by the steam to Watt, an index pointing to a great truth. Science is never sectarian. Its duty is to teach facts and to so train the mind that it can judiciously weigh and analyze them. Medicine, as it is taught at present, can hardly be called a science, or even claim a position among the sciences. There is among some too much empiricism, too much theorizing, and among all too much of an adherence to a single idea, a tendency to make facts bend to theory, and too little of that quick and eager grasp, close analysis, and grouping together of facts, following willingly wherever they lead. Medicine can never take the rank to which it should be entitled among the sciences until it brings to its investigation a broader liberality, a wider field of inquiry, and in every department that thorough practical and scientific process of investigation which has won such brilliant success in chemistry, pathology and surgery. The school which fails to discuss fairly and impartially facts as they arise, although they may conflict with previous ideas, has no claim to be called scientific or to the respect of the scientific world. This violation of the plainest rule of scientific investigation is just as reprehensible, whether the college claims to be "regular, homœopathic or eclectic." If one is a trade-mark, so are the others, and all alike inexcusable when used, as they often are, as a business advertisement.

Scientific investigators everywhere are recognizing in the principle of *similia*, call it by whatever name they choose, and the dual action of drugs, the corner-stone of the rational therapeutics of the present and the future. To ignore it is to ignore the great scientific principle of therapeutics, and every school which has a future before it must give it in its curriculum of study, its due place, and the frank and honest discussion it merits. But medicine is too broad to be confined to a single dogma, however important. It includes within its range of study almost every science, eagerly appropriating every fact and every principle which will aid in its great work of preventing and relieving disease. Here, then, we take our stand. Medicine, if it claims a position among the sciences, must be non-sectarian and non-partisan, and its medical schools must keep pace with the scientific investigations of the world.

Colleges should be located in great centres of population and wealth, where not only the best talent in the world would naturally gather, but where almost every disease which the physician will be called upon to treat may be seen and diagnosed in the throngs of poor who

*Report to the Am. Inst. of Hom., by the Chairman of the Committee on Education.

crowd the hospitals and clinics for relief. Text books and lectures, however able, form only a small part of intelligent medical instruction. They must be supplemented by the abundance of clinical instruction which can be found only in large cities.

Most of our colleges, whether departments of universities or not, are private ventures, run in the interest of the faculty, and expected, either directly or indirectly, to bring money into their pockets. In one sense of the word, they are great advertising cards, business organizations, and the most successful are run on the most wide awake and correct business principles. The student naturally turns with a feeling of pride and affection to the institution whose instruction has been so thorough as to place him on the high road to success; and to that institution which gives the student the most practical knowledge, they will naturally flock in the largest numbers. Thus all are satisfied. The student in knowledge gained, in the practical preparation for successful work, and the faculty in their plethoric pockets, and the enhanced reputation which flows from work well and faithfully done. It is a question for grave discussion, however, one which we trust will come up clearly before the minds of the rich men of our country, when they scatter by their wills the millions they have accumulated in a life of toil, whether some portion of this wealth might not be wisely spent in so far endowing medical colleges as to place them in good working order, leaving the actual earnings to salary the instructors and meet the general working expenses.

We doubt whether any preliminary examination on matriculating in a medical college would be feasible. It would be difficult to draw the line, and say precisely how much should be required to entitle to admission. One might be a graduate of a literary institution and yet receive less benefit from his medical studies than another who possessed only the plainest common school education, but who had been taught to think and utilize his thoughts in the school of hard necessity. Better throw wide open the doors of your colleges to all whose character would not debar them, leaving the question of fitness for the final examination. Better also to recognize no sex in medical students as students, but place the male and female aspiring to the same profession on precisely the same footing.

In the every-day affairs of life, men and women occupy different positions, and have duties to perform best suited to their separate natures. Man has to deal with material things, with the hard, rough, physical and mental works of life, and he needs just that mental training and education which best adapt him for his life's work. Man gathers together; woman utilizes his work in making the home, in filling it with comfort and beauty and harmony. She reigns in the domestic circle, and through her influence there moulds the State, and for good or evil rules the world. Her education and mental training should be just such as would fit her for these duties, if she expects to fulfill them. If, however, she claims her right to go out and battle with the world, to mingle in its din and strife, who shall say her nay? In the chivalry of our nature,

we might hesitate to see our daughters and our sisters exposed to the toil and struggle which seems to come natural to ourselves, and is a part of our lot; but this is not a question of chivalry or of our own individual preference, but one of right—the right of every living being to choose the profession best suited to their tastes.

Woman has no right to shrink, in her preparation for what she hopes to be a successful life work, from witnessing any disease of either sex, and learning its nature, cause, and cure. She is in the clinique and sick-room, and the profession, not as a woman with a woman's sensibilities and natural shrinking from the results of crime and vice, but as a medical student and as a physician, looking upon disease, not from a sexual, but from a professional standpoint, as something to be overcome by her skill and her science. In the home-circle and in the various duties of private life she is the cultured and refined woman, exerting everywhere her kindly, genial influence, making home happier and society better; but in the medical college and the profession she is the student and the physician, standing side by side with man in his contest for the prizes of the profession, winning them if she can, walking the same path which he walks, learning the same facts, and pursuing the same medical training. To the pure, all things are pure; and there is no reason why women as well as men may not look upon the illustrations of disease seen in the sick-room, as facts to be seen and understood as an essential part of the preparation for that great work for the prizes of which all wish to contend.

Throw wide open, then, the doors of your medical colleges to the earnest seekers after truth of both sexes, placing all on the same footing, and treating all alike. If any student fails in respect and courtesy to the others, subject him to that discipline which will soon teach him that bores have no place in the ranks of science.

The duration of the medical course, whether graded or otherwise, is of less importance, and will be more fitly considered by the individual colleges themselves, if the power is taken away from the college of granting the license to practice. This step we are confident will be considered so important, that in the near future the degrees conferred by medical colleges will be looked upon simply as certificates of scholarship, carrying with them no license to practice medicine. That power should be entrusted to a State Board—a National Board would be too unwieldy and likely to be subject to political influences—selected by the regents, or nominated by the Governor, before whom all students, no matter from what college they graduated, or even if they had graduated from none, should appear and pass an examination which should give them their title of Doctor of Medicine, and the license to practice their profession. This examination, so far as therapeutics is concerned, should be confined to no one dogma, but include within its range a knowledge of the great principles and facts of medicine as they are taught at the present time. We believe no difficulty would be found

in obtaining a perfectly fair and impartial Board, men of sufficient scientific standing to be above mere partisan and sectarian influence, and who would see in the intelligence and impartiality of their examination, a solution to the question which in all past time has vexed the professional mind. Students of all schools would start in the great race of professional life, side by side, the largest success crowning the efforts of those who best know how to utilize the knowledge obtained, and who have best learned how to study and observe.

In conclusion, we recapitulate what seems to us essential in the medical education of the future :

1. That instruction shall be non-partisan and non-sectarian, facts and principles being fairly set forth and honestly discussed.
2. That medical colleges be partially endowed and located in great centres of wealth and population, securing thereby the best talent in the land, and the abundance of clinical material absolutely essential in the preparation for professional work.
3. So far as medicine is concerned, the co-education of the sexes, placing all who would enter the profession on the same footing and subject to the same training.
4. A State Examining Board who alone shall have the power of license to practice medicine.

AMERICAN INSTITUTE OF HOMŒOPATHY.

A large number of physicians from every part of the United States assembled at Niagara Falls, on the 19th of June, to attend the annual meeting of their time-honored society. In personal appearance and general culture they compared favorably with any preceding convention of this or other schools. The president in his address spoke earnestly of the mission of the school in the path of reform, of what it had accomplished in the past, and what it hoped to accomplish in the future in the way of scientific medicine, and urged the extending its lines of inquiry into every field of scientific investigation having a bearing upon our art, and the gathering and practical use of facts from every source open to us. The same spirit was manifest in most of the papers presented through the different bureaus. With few exceptions, subjects were discussed in a broad and liberal manner, showing the writers to be familiar with a wide range of facts and theories illustrating their subject. This was well illustrated in the Bureau of Malaria, most of the papers being of more than usual ability, showing not only a wide range of reading but of close, intelligent and practical observation. As an index of the spirit of the convention, the reading, of Dr. Falligant's paper by the able chairman was occasionally interrupted with marked disapproval. The time arrived for closing the bureau before the paper was finished. It was moved that all the papers with the exception of Dr. Falligant's be accepted and referred to the committee on publication. This motion was seconded with applause. There was silence for a moment, during which the president made no effort to

put the discourteous motion. Dr. T. F. Allen, of New York, arose, and after stating that he supposed none would question his own homœopathic belief, passed a graceful eulogy upon the ability of Dr. Falligant, the great service he had rendered to the cause of science as a member of the yellow fever commission, and expressed his belief that the practice objected to in Dr. Falligant's paper, the giving of large doses of *quinine*, would not only be clearly admissible, but strongly indicated in certain conditions, regretted the motion had been made, and hoped it would be withdrawn. This tribute from one who is reckoned a leader of the pure Hahnemannians to his brother practitioner was graceful, courteous and manly. The amendment offered by Dr. Dowling, that *all* the papers be accepted, was carried without a dissenting voice.

The report of the Bureau of Education, which will be found on our editorial page, at least that portion which referred to the non-sectarian position which our medical school should occupy, called forth a lengthy and earnest discussion, if that could be called a discussion which, wandered entirely from the subject and dealt only in glittering generalities. To an outsider it looked very much as though some of the speakers were talking for "buncombe."

Dr. Dake, in a few eloquent and earnest remarks, emphatically endorsed the report. Dr. Valentine claimed that the teaching of his college had always been thorough, perfectly fair and impartial. To Drs. Lilienthal, T. P. Wilson and Dudley the report seemed like the red flag in the Spanish bull fight, so exciting them as to make them plunge hither and thither without any apparent object in view. We could not cry peace while the fight was going on; there must be no affiliation with the old school; we were still underneath and they on top, and we must struggle and fight until we are completely and entirely victorious; we must not lower the line of our defence one iota. We would never, never desert Micawber. All this was very eloquent, very soul-stirring, and often very amusing, calling forth laughter and bursts of applause, but it had just about as much to do with the subject of the report as the bill of fare for dinner. Not a word had been said in the report about any school. No mention had been made of courting the favor of or affiliating with any one. It is of but little importance to us what ethical edicts may be fulminated by any school of medicine. We have neither the time or disposition to quarrel with anyone. It is of importance, however, that we place ourselves right on the records of history, and while dealing justly and honorably with all, do not stultify ourselves with preaching one thing and practicing another.

Nine-tenths of the papers read were written in that broad and catholic spirit which showed the writers, in their practice, stood above all sect, and were able to interpret the facts which came within their reach to the benefit of their patients.

There is no compromise to be made and no giving up of principles by anyone. The question is not one of giving up, but of acceptance; the acceptance of facts easily demonstrated and open to all. The most scientific investigators and successful practitioners the world

over are accepting, in their daily practice, the doctrines of the dual action of drugs and their administration in small but frequently repeated doses.

There must be some motive in clinging so tenaciously to a name which does not express our practice, which is not apparent. Is it a belief that this Shibboleth has become so popular that it will of itself secure success, if shouted on every occasion and put forward in every conceivable way, no matter what the practice? Or have the loaves and fishes nothing to do with a ring in which the key stone is either a code of ethics or a sectarian name? Is all this excitement, when the infallibility of one or the other is merely hinted, due entirely to a jealous regard for truth and a vindication of the honor and dignity of the profession? We are confident that a great majority of the members of the Institute, from what we know of their practice and their writings, are not now and never have been sectarian except in name. It was the belief that the present name does not represent correctly the real work and scope of the association, which led one of its oldest members to announce his intention to introduce at the next meeting a resolution changing its name from the American Institute of Homœopathy to the American Institute of Medicine.

Let us have societies, as heretofore, devoted to special work, but let the name represent the kind and character of work—as the microscopic society, pathological society, gynecological society, or homœopathic society. In each case the name indicates, or should indicate, the special field of labor to which investigation is directed. The American Institute of Homœopathy is something more than a mere homœopathic society, and deals with other factors besides the principle of *similia*. No one could have watched dispassionately the work of a majority of its members or listened to some of their papers without being convinced that it aims to place itself in the front rank of medical reform and progress, and that at heart it is not sectarian, but thoroughly catholic, caring less for theory than the development and support of truth. Individuals there may be who can see nothing in medical philosophy outside of *similia*, but these form only a small minority of the members of the Institute. With a change of name the members stand squarely and honorably before the public with no change of principles, but simply as physicians working with more freedom and more in accordance with that spirit which is quickening every profession and is felt in every rank of life.

We repeat again, there is no question of surrender, none of compromise, but simply a frank, unprejudiced investigation and acceptance of facts easily demonstrated and open to all.

AMERICAN MEDICAL ASSOCIATION.

An esteemed correspondent, in another column, sets forth from a professional standpoint the impression made by the doings of this convention. A special correspondent of the *Commercial Advertiser*, of this city, tersely portrays the effect of the meeting upon the lay part of the community, in part as follows:

A large majority, bore a strong resemblance to the men who make up political conventions. The conservative medical men are not unlike the conservative element in the Republican party—turning out only on great occasions. The conservative element was not fairly represented here during the past week. The bosses held the reins tightly ever their followers from first to last. New York was in perfect accord with Pennsylvania. The two Flints represented New York and the Gross family Pennsylvania. They bossed the medical machine in the latest style. I get my information from two experienced medical practitioners who reside in the West, and who have attended these conventions for many years. Young Flint, you will doubtless recall, received his political education in Sammy Tilden's office, and his politico-literary education in the Liberty Street Bureau that flourished during his Presidential campaign. He was Sammy's nurse and surgeon general, and fretted badly because he was not confirmed as Health Officer.

The father has been a medical lecturer all over the country, and is now well known as the astute manager of Bellevue Hospital Medical College. Gross is the so-called Nestor of Philadelphia surgery, and a fine old gentleman of strong convictions—that what he thinks must be done.

He and the Flints have for some months laid the wires to elect Flint President of the Association for the purpose of advertising to the world his strength against the "new Code men." The tactics pursued afford unquestionable evidence of the truth of the remarks of the "new coders" in the New York Academy of Medicine—that the Flints "resorted to the lowest means to attain their ends." They drummed up their recruits by all sorts of promises, and when promises failed, persecution and bulldozing were the order of the day. It is regarded here as a big advertisement for their school, and it is said will afford them the opportunity to dispose of a larger number of students during the next season than any other college. Contrary to custom Gross nominated Flint in the Committee on Nominations. As soon as he had gained his point he left and the committee knew no more of him. He manifested no interest whatever in the rest of the work—when it was urged that the association should take no one from New York—to enable the New York men to settle their differences without outside interference, the machine stood solid for crushing everyone who remonstrated against the arbitrary course of the Association.

The ironclad obligation was the test. The Flints and Grosses knew the machine medical leaders in all the States and Territories, and had their forces well in hand from the moment of assembling to the hour of adjournment. The work was thoroughly done—the result is an injury to the reputation and status of New York medical men, especially those who took active part in the election of Flint.

It will prevent coalition of the contending forces. It will strengthen the animosities of the new and the old code men. The only good, so far as I can see, to come out of it is this: The conservative, straightforward practitioners will hold entirely aloof from both sides, from all issues between them, and from all their school fights and squabbles. They will attend quietly to their practices, and the public will get better service and better skill and attention from this class of physicians.

The *Commercial* says, editorially, that this correspondence shows there was a good deal more wire-pulling than has been suspected, and that the question of the Code was not the only disturbing element in the Convention. Reformers everywhere will learn with profound grief that the medicos were manipulated by the bosses in the regular old machine way, learned by Dr. Flint when sitting at the feet of whispering Sam, of Gramercy Park and Greystone. This is very depressing. The most nauseous drugs could not make reformers feel worse than this information will. If doctors more or

less learned cannot free themselves of the pernicious influences of bosses, what is to be expected of mere politicians and the ordinary delegates to political conventions? * * *

If the treatment given by the bosses of the medical profession to their patients is no better than their treatment of each other, it might be well to turn the patients over to the Democratic bosses, who would doctor them with *spiritus frumenti, et aqua pura cum grano sacchari*. Shake the bottle.

* * * * *

If the doctors in charge of our medical colleges afford their young gentlemen customers the liberal education they profess to do, and they refrain from bestowing their sheepskins on any persons who are not of good moral character—the advertised conditions of being graduated by these same teachers—why is there any necessity for a medical Code? Why cannot these so-called liberally educated (?) gentlemen conduct themselves in such a manner as to retain their own self respect, and command the same respectful consideration from the public? The case is now presented to the impartial observer as a bitter wrangle among rival factions—a sort of trades union—for the spoils of practice—led by rival professors whose denunciations of each other are as bitter and as nauseous as the tinctures and boluses furnished to their lay *clientèle*. Is there no one to cry halt! and restrain the leaders of these factions? As the fees of the schools seem to be the great bone of contention, why not follow the plan of the railroad companies—appoint a Commissioner and pool their earnings?

The principal point of the President's address was the recommendation of a return to the antiquated practice of "bleeding"!

Alas, what poverty!

We are glad to note the appointment of a committee for the purpose of securing additional meteorological observations in such localities as are favorable to the cure of pulmonary diseases, and we shall hope for results that will enable us to individualize so important a class of cases in respect to the locality best suited to particular individuals.

The proposition to urge Congress to provide a fire-proof structure for the library of the Surgeon-General's office, and for other like purposes, will meet with universal support from the profession.

The Association will, commencing with July, issue a monthly journal of thirty-two pages, with Dr. N. S. Davis of Chicago as general editor.

The suggestion as to the establishment of a National Board of Medical Examiners was taken no notice of, but we think that the plan first proposed by this journal, of State Boards of Examiners, is far more practical, and less liable to abuse in various ways.

The address in the department of gynecology closed by appealing sensibly for general treatment in the management of pelvic disorders, thereby broadening the view of the mere specialist.

The communication from the St. Louis Society, asking for a revision of the Code of Ethics, was promptly tabled by the ring.

The subject of cremation came in for attention, and was referred to a committee, but no mention was made of the suggestion that the American Medical Association was a fit subject for such treatment.

The doings of the Association were appropriately brought to a close by the expulsion of Dr. Goodwillie, upon the ground that he was a supporter of the "New Code." His reputation was challenged on no other grounds. And this is the spirit evinced by the so-called representatives of a learned and liberal profession, and it has the appearance to outsiders of trades-unionism!

Thus endeth the proceedings of this great Society, made notable chiefly by spending so much time and accomplishing so little!

As was anticipated, Dr. Flint, Sr., was elected President for the ensuing year, and Washington, D.C., selected as the place of next meeting.

SIMILIA SIMILIBUS CURANTUR.

The editorial columns of the TIMES have, from the beginning of its existence as a journal, upheld that principle in medicine which is expressed in the formula *similia similibus curantur*, and they will continue to do so.

Notwithstanding our appreciation of the importance of this principle, we shall not allow it to eclipse all other principles and experiences, but we shall endeavor to give each their just reward, according to our resources.

In these days of "homœopathic cocoa, homœopathic life insurance," and almost everything else homœopathic *ad nauseam*, it becomes the modesty of the would-be scientist in the medical profession to be satisfied with the title of *physician*, without modification or qualification!

No physician practicing in the fullest capacity as such, can fail to prescribe hygienically in every case, but who would think of dubbing himself a "hygienic physician?" and the illustration could be applied in all the departments of practice.

We unhesitatingly assert our belief that the great majority of the prescriptions claiming to be homœopathic are such only in name!

In our opinion no practitioner is competent to prescribe drugs who is not familiar with their *double action*!

We shall endeavor to illustrate in our pages with each issue, by clinical observations—a sample of which may be found in this number—our views of the necessities to the individualization of drugs in cases of disease; and call the plan by whatever name you will, it can be depended upon at the bedside as reliable.

THE CODE ILLUSTRATED.

Puck always has some telling cartoon which gives the story better than word painting. One of the most recent represents the great apostle of the old code, Dr. Flint, turning his back upon the pleadings of an agonized mother who points to her child in its cradle, while on the other side the apothecary, with his pocket stuffed with big bottles, is moving toward the door with a regretful look. "I can't help it," says Dr. Flint; "I can do nothing for you. You should not have called in that homœopathist." This fairly shows the

spirit of the old code, which is still further illustrated by a recent occurrence in Wisconsin. The family physician called to a child suffering from a fall, recognized a case which needed a surgical operation. A surgeon was sent for, but refused to aid because he would have nothing to do with a homœopath. The family physician, forced to rely upon himself, did what he should have done at first, lifted the splinter of bone from the brain and saved the life. Detestable as was the course pursued by the surgeon, no educated physician should ever allow himself to be placed where for the lack of a little surgical manipulation a life might be lost, without being able to meet the emergency.

THE COMPARATIVE STRENGTH OF THE TINCTURES OF ACONITE.

The use of the preparations of this drug is becoming so extended, and their number is being multiplied to such an extent, that a clearer idea of their comparative strengths will be of value to the prescriber, both for purposes of better observation in internal administration, and for selecting the correct form for external uses.

The object of this article is rather a contribution of some facts with regard to the strength of the different tinctures of *aconite* which are generally prescribed, and are to be found in the stores, than a discussion of the therapeutic merits of the preparations, and will be the result of a careful analysis of each, made by exactly the same process in each case, so that, however much criticism the process may be subjected to, the result will at least give a fair comparison of their *aconitia* strength. The writer does not mean to infer that the *aconitia* strength of a tincture of *aconite* is a true test of its comparative value in medicine, but undoubtedly, if the right menstruum is used for their extraction, the same percentage of all the other active principles of the part used will be dissolved.

The tinctures used were *tincture of aconite root*, U. S. P., which was bought from a druggist, the character of whose preparations is recognized by the profession over the country as being reliable, and of as uniform strength as is possible under the process laid down in the pharmacopœia; a tincture from the green root, and one from the plant, both imported, and obtained from one of the best known dealers in New York, one part of each was used. Each was acidulated with *sulphuric acid* and evaporated at a temperature not exceeding one hundred degrees Fahrenheit, to four fluid ounces; this was then shaken with *ether* to separate the green oil. After the oil was removed as nearly as possible by a syphon, the remainder was evaporated at the same temperature to a syrupy consistence. This extract was again shaken with fresh portions of *ether* until the oil was entirely separated, warmed until all traces of *ether* were expelled, and then mixed with a small quantity of distilled water; to this mixture was added *carbonate of magnesia* slightly in excess to precipitate the *aconitia* from the solution. After setting aside in this shape for three or four hours, this was shaken with several times its bulk of *ether*, set aside again and the *ether* decanted, the remainder shaken with *ether* again, and the two solutions mixed together and left to evaporate spontaneously; the residue was impure *aconitia*; this was again mixed with water and dilute *sulphuric acid* added gradually until a solution was effected; this mixture was carefully saturated with *aqua ammonia*, and the precipitate formed was washed with distilled water, dried and weighed.

The weight of the product was as follows:

From the green plant.....	11½ grains.
From the green root.....	6½ grains.
From the powdered root (official).....	11½ grains.

The tincture from the green plant is made by cutting and pounding the plant, gathered during the right season, into a pulp; pressing the juice from this; mixing it with an equal bulk of *alcohol*, and allowing the mixture to stand until the insoluble matter has subsided, after which it is filtered through paper.

In order to calculate the strength of this tincture, in comparison with that of the official, we must allow for the moisture in the plant, to make the dried powders of each the standard weight. The herb loses seventy-five per cent. of moisture in drying, so that, if all the juice of the plant were collected under the most favorable circumstances, it would represent one-third of its weight of dried drug; this diluted with an equal bulk of *alcohol*, would reduce the strength to one-sixth its weight of powdered drug, and this is the real strength of the tincture, about two and one-half ounces to the pint.

The tincture of the green root is made by treating it in the same manner, until it is thoroughly reduced to a pulpy mass, and afterward mixing it with successive portions of *alcohol* until two parts by weight of the *alcohol* have been mixed with one part of the root, when the expressed liquid will represent one-eleventh of its weight in dried drug, the root losing about the same proportion of moisture in drying as the herb; this would indicate the strength of the tincture of the green root, about one and one-half ounces to the pint. So we have:

Tincture aconite root, U. S. P.....	6 ounces to 1 pint.
" " green herb.....	2½ " 1 "
" " root.....	1½ " 1 "

This would be the exact comparative strength of the three preparations if the herb and root were equally rich in *aconitia*, but the analysis shows that one pint of *tincture of aconite*, U. S. P., yielded, 11½ grains *aconitia*, while the tincture from the green root only yielded 6½ grains, and from the herb was obtained 11½ grains, so that the official tincture is nearly twice as strong as the green root, and over seven times as strong as the green herb tincture.

The process used was a modification of a French formula for making *aconitia*. The acid was added at first and the heat modified, to prevent any change in the *aconitia* from the process of evaporating, and the *ether* was used to separate the *aconitia* from the other alkaloids of the *aconite root*.

The result tends to prove the position taken by the writer in the June number of the MEDICAL TIMES, that the active principles of the same plants can generally be more easily and more thoroughly dissolved by the right solvent from the green than from the dried portion of the plant, for if we obtained 6½ grains from the equivalent of 1½ ounces of dried root from the green root, and only 11½ from 6 ounces of the root when dried, it shows over twice the yield in favor of the green root process, which shows that a good specimen of *aconite root* contains about nine-tenths per cent. of *aconitia*, and that less than four-tenths per cent. are dissolved out by the U. S. process for making the tincture.

This also proves that it is practical with small expense to manufacture *tincture of aconite root* of a regularly uniform strength, and remedy the fault which is often found with its want of effect on the patient.

If *tincture of aconite* were used for the *aconitia* alone, then a solution of the *alkaloid* would be all that is necessary for any purpose; but the difference in effect between *aconitia* and *tincture of aconite root* proves the value of the other principles of *aconite*, and if the *aconitia* is more thoroughly separated from the green root, the other principles would also be better separated, and the inference would be a better preparation for internal uses; of course, for external use the stronger the tincture the better.

The green preparations used were the imported homœopathic mother tinctures. *

DR. THEO. DWIGHT BRADFORD.

NEW YORK, June 2, 1883.

At a meeting of the staff of the Hahnemann Hospital, held at the house of the secretary, on the evening of May 31, 1883, Dr. Lewis Hallock in the chair, Drs. Lewis Hallock, Wm. J. Baner, John H. Thompson and J. W. Dowling were appointed a committee to give suitable expression to the feelings of the staff on account of the death of Dr. Theodore Dwight Bradford, one of its members. The committee reported the following preamble and resolutions:

WHEREAS, In the order of Divine Providence, our associate, Dr. Theodore Dwight Bradford, has been removed by death from duty on this staff, and from a large and important professional work, in both of which, by a thorough knowledge of his profession, to which he was enthusiastically devoted; by the strictest fidelity in all his relations, both professional and personal, and by uniform courtesy and urbanity of manner, he had endeared himself to every member of the staff of the Hahnemann Hospital, and to all with whom he had any relations. Therefore,

Resolved, That in the death of Dr. Theodore Dwight Bradford the medical profession of New York City, and, in an especial degree, the staff of the Hahnemann Hospital, have sustained irreparable loss.

Resolved, That the staff of the Hahnemann Hospital offer to the family of Dr. Bradford their heartfelt sympathy in their affliction.

Resolved, That a copy of these resolutions be sent to Mrs. Bradford, and also that they be entered upon the minutes of the staff, and published in the NEW YORK MEDICAL TIMES.

WM. J. BANER, M.D.,
L. HALLOCK, M.D.,
JOHN H. THOMPSON, M.D.,
JOHN W. DOWLING, M.D.

BIBLIOGRAPHICAL.

VENEREAL AND URINARY DISEASES. By Temple S. Hoynes, A.M., M.D., Prof. of Theory and Practice, and Clinical Prof. of Skin and Venereal Diseases in Hahnemann Medical College and Hospital. Chicago: Halsey Bros. 1883. pp., 125. 8 vo.

This little book comprises the lectures of the author in his College Course, and the literature of the subjects of which it treats is necessarily condensed to meet the restriction as to time in such case. The therapeutic indications will be found especially useful in the individualization of these sometimes most intractable cases. While the work is intended for students, the general practitioner will find in concise form much of interest.

CLINICAL COMPARISON TO PHYSIOLOGICAL MATERIA MEDICA. By Wm. H. Bart, M.D. Chicago: Gross & Delbridge. 1883.

We have spoken in high terms of the physiological *Materia Medica* by the same author of which this small volume is a clinical compendium. It is eminently suggestive, and contains in a small space more practical information than is found in many a large volume. We suggest to the author to hang the proof-reader before the next edition, and read the proof himself.

STUDENTS' GUIDE TO DISEASES OF THE EYE. By Edward Nettleship, F.R.C.S., with a chapter for examination for color perception, by William Thomson, M.D. Philadelphia: Henry C. Leas, Son & Co., 1883.

The work is clearly and concisely written, profusely and elegantly illustrated, and in diagnosis and pathology one of the best manuals published.

In the *North American Review* for July, President Julius H. Seelye writes of "Dynamite as a Factor in Civilization," taking of the subject the reassuring view that dynamism being merely a symptom of present discontent, is necessarily a transient social phenomenon,

which will quickly disappear as the institutions of government are brought more into harmony with the interests and aspirations of the masses of the people. Z. R. Brockway, Superintendent of the Reformatory at Elmira, N. Y., points out some "Needed Reforms in Prison Management;" Thomas Sergeant Perry writes of "Science and the Imagination;" George E. Waring, Jr., of "Sanitary Drainage;" Elbridge T. Gerry of "Cruelty to Children." We are glad to see so important a subject as sanitation receiving attention in such a quarter.

GEORGE W. CABLE concludes in the July *Century* his series of illustrated papers descriptive of the Creoles and their Crescent City. "Flood and Plague in New Orleans" is the title of the paper which deals with the sufferings of the Creoles from the Mississippi's overflow and from yellow fever and cholera.

"A Study of Sea-Sickness," which is said to be an original and scientific explanation of the malady, appears in the "Open Letters." The writer, Dr. George T. Stevens, gives simple directions for overcoming the causes of illness, or at least lessening their effects.

CORRESPONDENCE.

DR. FOWLER'S REPLY TO PROF. COWL.

MESSRS. EDITORS:—Will you allow me the columns of your journal, to offer one or two corrections of the subjoined ending of Prof. W. Y. Cowl's address, entitled "A Brief History of the Definition of Disease, with a Consideration of the Pathological Concepts of Hahnemann"? He says:

"Now, with reference to this representation of Hahnemann as viewing disease as an entity, we may simply call attention to the fact that upon pages 19 and 29, respectively, of Dr. Fowler's address, he quotes sections 11, 12 and 14 of the 'Organon,' while it is at the beginning of section 13 (but a short one) that Hahnemann distinctly declares that disease is a nonentity, as we have before quoted.

"It is in section 11, moreover, that disease is defined as 'abnormal functional activity,' whereupon it seems certainly remarkable that anyone, having quoted this very section, could say that Hahnemann 'looked upon disease not as a variation of a natural process.' After a comparison of the fifth American edition of the 'Organon,' which in this, as in Dr. Fowler's paper, is the one quoted from in all these instances, with the other translation (fourth and preceding American edition), as well as with the original work, without the appearance of a single difference in the meanings expressed, it may, it seems, be justly said, that there is either some gross mistake in Dr. Fowler's remarks or else a wilful perversion, and in the light of these facts, we may abstain from further consideration of the various arguments advanced and inferences drawn by Dr. Fowler in his presidential address."

CORRECTIONS.

1. In Sec. 13, Hahnemann does not say that disease is a nonentity. He says that disease, as it is considered by allopathists, is a nonentity; that is, that the *materialistic* conception of disease is a pure fiction, without any real existence. The term *entity*, of course, will not be confounded with the term *materiality*, as ordinarily used.

2. In Sec. 11, disease is not defined as an "abnormal functional activity." The abnormal functional activity (if a translator chooses this expression) is most explicitly stated to be the *product* of the disease; that in disease there originally is nothing disturbed except the spiritual-like, self-acting vital force.

I do not, however, propose that this question shall be settled by a simple assertion on my part, and therefore I here insert a translation of Secs. 11, 12 and 13, and put by its side the original German text, leaving it for your readers to decide, each for himself, whether in my address before the New York Medico-Chirurgical Society, I have perpetrated "either a gross mistake or a wilful perversion."

(Prof. Cowl is in error in regard to my having quoted Sec. 14 in my address. I quoted one short sentence only from it. From the professor's words, it is to be inferred that I quoted Secs. 11, 12 and 14, omitting Sec. 13 with an object.)

SEC. 11.—When one becomes ill, there originally is nothing disturbed except this spiritual-like, self-acting (automatic) vital force which everywhere pervades the organism, and this proceeds from an action upon the vital force of the dynamic influence of some disease-producing agent which is hostile to life. Only the vital force when changed to such an abnormality can give those disagreeable sensations to the organism, and determine in it the irregular actions which we call disease. The vital force being invisible and only recognizable through its effects upon the organism, its morbid discord can make itself known only in this way, and it can do this in no other way than through the expression of disease as exhibited in the sensations and actions of that side of the organism which is turned toward the senses of the observer and the physician—that is, through morbid symptoms.

SEC. 11. (German).—Wenn der Mensch erkrankt, so ist ursprünglich nur diese geistartige, in seinem Organismus ueberall anwesende, selbstthätige (automatische) Lebenskraft durch den dem Leben feindlichen, dynamischen Einfluss eines krankmachenden Agens auf sie verstimmt; nur die zu einer solchen Innormalität verstimmte Lebenskraft kann dem Organismus die widrigen Empfindungen verleihen und ihn zu den regelwidrigen Thätigkeiten bestimmen, die wir Krankheit nennen, denn sie, als an sich unsichtbare, und bloss in ihren Wirkungen im Organismus erkennbare Kraft giebt ihre krankhafte Verstimmung einzig nur durch Aeusserung von Krankheit in den Gefuehlen und Thätigkeiten der des Sinnes des Beobachters und Heilkuenstlers zugekehrten Seite des Organismus, durch Krankheits-Symptome zu erkennen und kann sie nicht anders zu erkennen geben.

SEC. 12.—Diseases are produced only by the morbidly disordered vital force (*), in such way that the expression of disease which is perceptible to the senses is an expression also of all interior change, that is, of the entire morbid disorder of the inner dynamis—in a word, there is thus brought to light the totality of the disease. It therefore follows that the disappearance, through healing, of all expression of disease and of all noticeable deviations from the normal vital processes, most certainly provides for, and necessarily presupposes, a restoration of the integrity of the vital force and a return to health throughout the entire organism.

SEC. 12. (German).—Einzig die krankhaft gestimmte Lebenskraft bringt die Krankheiten hervor (*), so dass die unsern Sinnes wahrnehmbare Krankheits-Aeusserung zugleich alle innere Veraenderung, das ist, die ganze krankhafte Verstimmung der innern Dynamis ausdrueckt, mit einem Worte, die ganze Krankheit zu Tage legt, folglich auch das Verschwinden aller Krankheits-Aeusserung und aller vom gesunden Lebens-Vorgange abweichenden, merkbaren Veraenderungen durch Heilung eben so gewiss die wieder hergestellte Integrität der Lebenskraft und so die wiedergekehrte Gesundheit des ganzen Organismus bedingt und nothwendig voraussetzt.

SEC. 13.—Therefore, disease (non-surgical), as it is considered by allocephathists—that is, as being an internally concealed something, separate from the living entirety, from the organism and its vivifying vital force—is a nonentity, however attenuated its materiality may be imagined, and the conception could only have proceeded from the heads of materialists. For thousands of years down to the present time it has given to medicine a destructive direction, creating it the true art of mischief.

SEC. 13.—(German).—Daher ist Krankheit (die nicht der manuellen Chirurgie anheim faellt), wie von den Allocephathen geschieht, als ein vom lebenden Ganzen, vom Organismus und der ihn belebenden Lebenskraft gesondertes, innerlich verborgenes, obgleich noch so fein materielles Ding gedacht, ein Unding, was bloss in materiellen Koepfen entstehen konnte und der bisherigen Medicin seit Jahrtausenden alle die verderblichen Richtungen gegeben hat, die sie zu einer wahren Unheilkunst schufen.

No juggling with words can conceal the fact that through all the Organon, Hahnemann, as a rule, treats of disease as an entity in precisely the same sense that he treats of medicines as entities. It must be borne in mind that with Hahnemann a spiritual or dynamic entity was as real as any entity composed of flesh and blood.

The new light which Prof. Cowl has shed upon "the meaning behind the words" in the Organon, may possibly serve to rescue its English translator, Dr. R. E. Dudgeon, from gross error or moral turpitude, for he has the same iniquitous belief that Hahnemann considered disease as an entity.

On page 52 of his Hahnemannian Lecture, delivered in 1882 (E. Gould & Son, Publishers, London), Dr. Dudgeon says that Hahnemann "tells us that disease consists in an alteration of the vital force, which he seems to regard as a distinct entity."

Dr. Dudgeon has made what has been supposed to be a very excellent translation of the Organon, but, according to Prof. Cowl, he must be sadly deficient, either in his knowledge of what the book really contains, or in his integrity.

If, in the Organon, Hahnemann intends to speak of medicines as entities, then he certainly means to speak of disease as an entity, otherwise language as at present used, is worthless as a contrivance for conveying ideas.

I freely admit that on this very point Hahnemann, in various places of the Organon, contradicts himself. But there are very few propositions advanced in the Organon, which are not more or less flatly contradicted in it. I make this statement, not in a frivolous manner, but with entire deliberation, and I can advance the proofs with which to make the statement good. It is made only after more than a dozen attentive readings of the Organon, and after having carefully translated every word of it, including all its prefaces, introductions and notes.

I do not impugn Prof. Cowl's moral integrity as he has—I think inadvertently—mine. I have a natural repugnance to that species of argument, or to readily accept it, as intended from others. In this case I prefer to think that Prof. Cowl read in too great haste, and it is also my pleasure to believe that his imputation is an accident of thoughtlessness. With any other supposition ordinary self-respect would preclude a notice of any kind whatever from anyone for whom it was intended.

EDW. P. FOWLER.

DR. WILDES' CRITICISM.

MESSRS. EDITORS:—Your June number contains a very carefully prepared editorial headed "In Certis Unitas, in Dubiis Libertas, in Omnibus Charitas."

Will you permit me to suggest that your premises are wrong, your reasoning adapted to your premises, and hence your conclusions erroneous and misleading? You say, "and now that these principles are admitted by the leading minds of all schools."

I ask, are these premises correct? Have the allopaths of the United States, in public convention in the American Medical Association, "admitted" it? I had not heard of it.

You speak of the principles of homeopathy as though covered by the words "the dual action of drugs"—a sentence capable of two constructions, hence erroneous and insufficient in the sense meant; and you say, "for that principle, the dual action of drugs is now thoroughly established." You are evidently referring to the principle "*similia similibus curantur*."

Is it true that this principle is now thoroughly established in the minds of allopathic physicians in Philadelphia, Louisville, St. Louis, Chicago, throughout the great West and South, and in Bellevue Medical College? Hardly. Or if it is, do they admit it?

You quote our civil war as an example with which to typify your point, and you say, "Abolitionism, as a party, ceased; but the principles for which it contended *** live in a strong and united nation. Homeopathy, as a sect, disappears, but the great principle for which it struggled, the dual action of drugs, lives as the centre, the spirit, of the rational therapeutics of the present and the future."

On the contrary, abolitionism was true, is true now, and carries with it a great principle. It is one of the foundations of our government to-day. It says that no human being shall be held in bondage. It has not ceased. We are a nation of abolitionists; "abolitionism" can never die.

So also homeopathy was true, is true to-day, and carries with it a great principle. Homeopathy as a sect has not disappeared. Its truths are mighty and shall prevail.

Its advocates and followers have contended for those truths nearly a century. Shall we now say we did wrong, and eat leaks?

You may remember that "abolitionism," even in name, did not cease until the slave principle surrendered; and shall homeopathy, even in name, disappear until the slave principle of allopathy surrenders, acknowledges that we are right, and that homeopathy is true? Have they ever acknowledged that yet? Are we not satisfied with homeopathy? If the allopaths are not satisfied with it, need that concern us? This appellation is our banner, the "stars and stripes" under which we have done, and are doing, battle for the benefit of mankind. *Similia similibus curantur* is the principle which actuates us, and for which we are contending. The victory is almost ours. Would you snatch that victory from us, by furling and lowering our colors? Do we do wrong in maintaining and upholding a banner on which the word *Truth* is blazoned in letters of gold, and which has been outrageously, unmercifully assailed for over fifty years?

Let the allopaths surrender, and let us be a "strong and united nation" of homeopaths. Is not the name *secretly pretty* as "regulars?"

The leading minds in the old school know that the truths of homeopathy cannot be gainsaid, but they will not "admit" it. Have they ever admitted it?

Suppose we let them alone, and let them have their fight out among themselves. If we do, they will acknowledge the truths of homeopathy in a few years more, and then claim that they were the ones who originated the doctrines. The world will continue to wag peacefully along, and our immortal flag will still float from the mizzenmast.

They have everything to gain and nothing to lose by our renouncing the name homeopathy. With us, and

with the entire race, not medical, it is just the reverse. We have principle at stake, and mankind to benefit.

Shall we surrender? Not much!

35 West 31 street, Yours sincerely,
NEW YORK, June 4, 1883. THOS WILDES.

OUR CHICAGO LETTER.

MESSRS. EDITORS:—In my last communication I promised in this, my next, to say something of the Chicago medical colleges, but the fact is, that on looking the matter up, I find so much to say, that were I to attempt to cover the ground in a single letter, it would be a together too voluminous for hot weather perusal. Let me defer this subject until all of the annual announcements are out and reliable statistics are obtainable. Thus far only one announcement for the next year has come to hand, that of the Chicago Homeopathic Medical, the noticeable feature of which is the only intelligible and forcible statement of the causes which actuated this college in refusing to further matriculate women students. After reading this statement, one can hardly help but feel that the college has acted wisely in the matter.

Shortly after this action was taken by the college, the women doctors of the city held an indignation meeting and gave vent to their wrath in a series of resolutions, which were published in the daily papers and in your last issue.

There is a bit of history back of that meeting and those resolutions. When certain members of the C. H. M. College learned that the ladies had taken serious offense, they gave these ladies to understand that they were ready and willing to aid them substantially in founding and building a Woman's Homeopathic Medical College here in Chicago, and help in every possible way in making the enterprise a success. Did these ladies say "thank you?" Not one of them. They met together and resolved that they did not want a woman's college; that co-education was the word, and it was co-education or nothing. No exclusively woman's college for them! They proposed to be with the men, sit with the men, and learn all that there was for the men to learn, or they would have nothing to do with the science and art of medicine.

So the project of founding a Woman's Homeopathic Medical College in Chicago has so far proven a miscarriage or an abortion, whichever you please to term it.

The Illinois State Homeopathic Society met at Rock Island on the 15th inst., and had a very harmonious and profitable session.

It was not, however, without a sensational feature. An ex-professor of surgery, who removed from Chicago to Milwaukee some two or three years since, sent down to the State meeting two papers as his literary contributions. The first one read was a veritable tirade against "*phenic acid*" and would have been well received had it not been so bitterly personal. The second paper was on "The Earth Treatment of Fibroids," and in it numerous cases were cited of fibroid tumors, the attendant pains of which had seemingly been greatly relieved by the earth treatment. In some of the cases cited, an arrest of development seemed to follow the treatment. The paper closed as follows: "The earth which I have used in these detailed experiments was obtained in Philadelphia by my son while studying medicine there, and he has since obtained the Western agency for it. Any of you who wish to give it a trial can obtain it through him." Only one vote, which was cast through friendship, saved the ex-professor of surgery from a severe but deserved rebuke, for thus making the society a vehicle for advertising a son's patent.

Apropos of this, there seems to be something the matter with the Milwaukee doctors.

Ever since the promulgation of the now famous "Milwaukee Test," the opinion has been spreading

among the profession that the Milwaukee medical brain has become materially muddled, but no one was quite prepared to find that the Milwaukee mind had suddenly flopped out of the uncertain and hard-to-find thirtieth dilution into material and manifest mud. One extreme follows another, however, and if anything in the immediate future turns up of a startling nature in the domain of medical discovery, and if you are uncertain as to its source and origin, take your telephone and call very gently, "Hello, Milwaukee!"

On dit, that Messrs. Gross & Delbridge, the enterprising Chicago publishers, are about to start a new medical monthly, to be called the *Medical Era*.

There is ample room in Chicago for a first-class medical journal, and if the above gentlemen do as well in publishing a journal as they have done in issuing the medical books which they have published, the "TIMES" may look out for a formidable rival. Speaking of medical journals reminds me of a little *bon mot* that is perhaps worth recording. A certain Chicago medical periodical, which recently announced itself as a weekly (I am not sure whether I have spelled that word correctly or not), having changed its quarters on the first of May, doubled up two issues and temporarily became a bi-monthly, whereupon the *Clinique*, a rival journal, makes brief mention of the fact in this wise: "One of our exchanges, which has had a bad breath and insipid eruptions for a long time, confesses to being 'doubled up'; what is the remedy?" On reading this, a friend of your correspondent kindly suggested "Hari Kari." I presume he meant it to be administered crude and regardless of consequences. Such are the amenities of literature.

OBSERVER.

CHICAGO, June 17, 1883.

OUR CLEVELAND, O., LETTER.

MESSRS. EDITORS:—At your request I send you a few notes concerning the "Great Mogul" of allopathy, the *American Medical Association*. At this writing it has come, sat, deliberated, discussed, resolved and dissolved, and the constituent elements are again diffused in the pabulum of their professional patronage. In other words, the meeting of 1883, held in this city and looked forward to with so much interest, and which has quietly gone through with its "order of business," has been conspicuous in the annals of medical proceedings for nothing in particular or general. The State Society met simultaneously and was admitted to the floor to engage in the "experience meetings" which followed the reading of papers. The president's address was excusable considering his age, but anything so devoid of interest or instruction in a younger man, especially in a convention so scientific and renowned as this is supposed to be, would have elicited more unfavorable comment than I am disposed to make. As an after-dinner speech it would have been very appropriate. There was an attendance of somewhat more than a thousand precious souls, and among them a few of the most prominent members of the profession at large, who shed a lustre of dignity and profound learning, which made the lesser doctor redolent with joy and importance that he belonged to a guild so venerable and so cultured. But notwithstanding the "accumulated experience of two thousand years," it is a very serious question whether the association presents in the aggregate a more imposing body of men than will assemble this month at Niagara in the interest of the American Institute. This remark is not intended as an invidious insinuation infringing upon the code of ethics, but merely to intimate that possibly the members of the new school from their present status in evolution may also reasonably assume that their very early ancestry was likewise educated in the higher branches.

In the preliminaries a striking episode occurred as evidence that the "heroic method" has not yet had its

day, in that the chairman of arrangements, on the part of the physicians of the city and a like dignitary for the State Society, misunderstood some things, especially each other, whereupon the former got up on his *auburn* and attempted conclusions according to the rules of the London P. R. "'Tis sweet for brethren to dwell together in harmony." But incongruities did not begin or end in that circumstance; but the smile went round when it was observed that a *Catholic* bishop was appointed as the special messenger of St. Peter to open the proceedings for a convention of supposed Protestants. How many had occasion to go to "confession" before leaving the city does not appear on the minutes.

Perhaps the most noticeable feature of the proceedings, in view of the fact that the eyes of the whole medical fraternity were directed toward this regular accumulation, expecting to see that the code would in some manner be brought up as a topic for discussion, is that the question of ethics was early and with little ceremony saddled onto the judiciary committee, where it rests as quietly and innocently as though it had never done a thing so brilliant as to strike fire on a *Flint*, or to stir up the modified *animus* of the regulars toward the new school, as shown by the numerous editorials and other contributions in the various journals throughout the country. The man who had the temerity to say *code* was immediately sat down upon and squelched *secundum artem*. Neither was any one of the great purified permitted to enunciate a word so pregnant with dynamic fermentation as the word *homeopathy*. One gentleman held the audience in wrapt attention till he dared to speak that magic word, when he was instantly informed that he had already spoken fifteen minutes over his time.

The second feature worthy of mention was the notable absence of anything new attempted by way of appliances or the use of drugs. As with the "heathen Chinese," it seems to be a sin with the association to depart from ancient authority—tradition is good enough for them; and hence therapeutics, especially, was ignored as if not worth while to think for a moment that, this field is not perfected; or at least so insignificant, compared with pathology and the knife, that the application of new remedies, or a modified use of old ones, were a matter promising no important results. Some of the papers, however, were very fine in their way, notably that of Dr. S. D. Gross, and Dr. A. L. Gihon, of the U. S. Navy. The O. and O. section in which the subscriber was particularly interested, was exceedingly tame; a paper by Dr. L. Turnbull, and one by Dr. Carl Seiler, being the only ones of the least interest. Upon Dr. Austin Flint fell the honor of the presidency for the ensuing year.

Very truly,

PHILLIPS.

SOCIETY REPORTS.

AMERICAN INSTITUTE MEETING.

The fortieth anniversary and the thirty-sixth session of the American Institute of Homeopathy was held at Niagara Falls June 19 to 23, inclusive, with a large attendance, the President, Dr. Bushrod W. James, in the chair.

The annual address of the president followed the rule of the Society as to subject matter—"the progress of homeopathy during the year past"—was long, elaborate, and as interesting as could be expected under such restriction. In regard to "our duty" he says:

"As members of the Homœopathic profession in the events of the day, and especially in this contest going on in the self-denominated 'regular' school about the recognition of members of our school professionally as medical brethren and as consulting physicians, let me

say that while we have now as a body nothing to do with the triangular struggle as to whether the 'new code' or the 'old code' or the 'no code' party wins, yet when their contentions are over and the matter has been settled in our favor, as it most assuredly will be in time, then we may act as an organization; but we may have to remain spectators for years ere public opinion moulds the professional mind to accept its coming destiny. A few years ago female physicians were excluded from their rights as a professional class, but justice eventually placed them in their proper position and estimation in professional favor, and now they are recognized all over this country and in some foreign nations.

"The laity in the honor they are placing upon the members of our school, and the recognition we are receiving in national, State and local circles, such as appointments upon boards of health, in hospitals and other institutions, are fast solving the problem that the old school dreads, and has not true manliness enough to meet and work out in a just and honest way."

The Neurologist, Dr. H. D. Paine of New York, reported the death since the last report of twelve members, the oldest eighty-eight and the youngest forty-two years of age.

The report of the Bureau of Organization, Registration and Statistics was read by Dr. I. T. Talbot, the chairman. It gave the number of State societies at 27, of which 21 held charters, and with a membership of 2,180; 107 local societies, composed of 2,660 members; 30 general hospitals erected at a cost of nearly \$2,000,000; 47 dispensaries, 21 of which report 60,628 patients; 19 medical journals, and 11 colleges, with 6,000 alumni. There are 7,400 homeopaths in the United States, no less than 3,000 of which are not members of any reporting society.

The afternoon session was devoted to the Bureaus of Materia Medica, Pharmacology and Medical Literature, and Dr. F. H. Orme was appointed chairman of the latter for the ensuing year. The Bureau of Materia Medica discussed the topic, "A Model for Materia Medica," introduced by Dr. J. P. Duke.

At the evening session the Bureau of Clinical Medicine had the floor, and many papers were read on the subject of malarial fevers.

Dr. J. W. Dowling, in his paper on "the Nature of Malaria and its Peculiarities of Origin as to Place," objected to the term "malarial fever," for the reason that "fever" was not always a characteristic of these cases.

The identity of the poison known as malaria was claimed to be universal, and its influence depends upon individual susceptibility, while its manifestation was as variable as possible.

The essayist then gives the views of many of the most prominent of the modern authorities as to the nature of this poison, and accepts Liebermeister's definition of the word infection, viz., a poison which differs from ordinary poisons in the fact that it can reproduce itself under favoring conditions to an endless degree; he pronounces malaria to be infection.

He then defines infectious diseases, and gives Liebermeister's division of these diseases into 1st, acute and chronic; 2d, miasmatic and contagious; and the subdivisions of these into purely contagious, purely miasmatic and miasmatic contagious diseases, with the definitions of these terms, and the various diseases to which they are applied.

He refers to the fact that recent investigations include croupous pneumonia among the infectious diseases, and concludes as follows:

1st. That there is a disease reproducing poison known as malaria.

2d. That it invariably proceeds from without the system.

3d. That it is capable of reproducing itself under favorable circumstances to an unlimited degree.

4th. That this poison is composed of germs or living beings known as bacteria.

In closing, as an evidence of the peculiar manner in which malaria may be generated in perfectly healthful localities, a somewhat remarkable case was reported where a severe intermittent fever was contracted by a young lady from a box of earth containing growing plants, which was permitted to remain in her sleeping apartment during mid-winter; the young lady never having had the disease before, and never to her knowledge having been exposed to miasmatic influences.

Another case was related of a patient who had built a residence on the sea-shore in a locality entirely free from malaria, who had brought from a distance several hundred car loads of rich earth that he might have a lawn around the house. He succeeded, the lawn being the envy of his neighbors. In the fall every member of the family was taken down with malarial fever.

Dr. E. Guernsey, Chairman of the Committee on Medical Education, made his report, which may be found at the head of our editorial department, and Dr. J. H. McClelland, of the same bureau, made a "Plea for a Long Term," after which considerable discussion ensued.

On the second day Dr. H. D. Paine was reappointed Neurologist, and Dr. J. H. McClelland Chairman of the Bureau of Medical Education.

The Treasurer reported the Institute free from debt with a small balance on hand.

Dr. J. P. Duke offered as amendments to the by-laws that article 7, section 2, be altered to read "seven" instead of "five"; that in section 3 of the same article, the words "their respective fields" shall be changed to read "its field," and the word "their" to "its," and the word "subjects" to "subject." On motion, adopted.

Dr. T. M. Strong, of the Committee on Foreign Correspondence, reported that during the year a large number of letters of inquiry had been addressed to prominent physicians of the school in Europe, South America, India, Mexico, etc. The answers received showed an advancing prosperity in England, South America and Portugal, official opposition in Russia and Sweden, and the cause at a standstill in Switzerland and Belgium. Italy is hopeful, and from Austria and Germany but little has been heard. The report was referred to the Committee on Publication. Dr. Strong was reappointed chairman of the committee.

The work of the Bureau of Obstetrics was introduced by the Chairman, Dr. M. M. Walker, in a discussion of the "Complications of Gestation."

Dr. J. Edwards Smith read a very interesting paper entitled "Remarks and Suggestions Concerning Certain Homœopathic Preparations," which astonished some of his hearers.

Papers were also read from Dr. W. A. Edmonds and Prof. M. B. Wood on the same subject. The latter was elected an associate member and Dr. Smith was elected to continue his work.

Dr. C. Wesselhoeft read his own paper on the "Solubility of Glass," and also Dr. Haupt's on "Bacteria."

The afternoon session was occupied by the Bureau of Ophthalmology, etc., and Dr. D. J. McGuire was elected Chairman of the Bureau.

The report of the Bureau of Gynecology was presented by the Chairman, Dr. O. S. Runnels.

The only paper of which we were favored with an abstract was that of Dr. W. H. Bigler, on "Dysmenorrhœa," which is as follows:

"Menstruation depends upon ovulation; anything that interposes with the proper discharge of this function on the part of the organs concerned, the ovaries and the uterus, will be productive of dysmenorrhœa, either ovarian or uterine. This interference again may be either by mechanical obstruction or by an hyperæsthesia of the nervous system that causes otherwise painless processes to be attended with pain. Thus we have

obstructive and neuralgic dysmenorrhœa. Under these classes can be brought all forms of dysmenorrhœa, including membranous. Lying back of all the so-called causes of dysmenorrhœa, we must recognize the constitutional peculiarity of the individual, which allows one or the other cause to become operative. Hence, the constitutional medical treatment must never be neglected, even though, on account of the present limitation of our knowledge, recourse must eventually be had to the purely mechanical. On account of the disastrous organic effects upon the generative organs, resulting from long-continued dysmenorrhœa, we should not hesitate to adopt such means of relief as hold out the best prospects of success, should we not be able to find the suitable medicine. Such means may be hip baths, hot fomentations, cataplasms, *ether* or *chloroform*, externally or internally applied, hypodermic injections of *morphia*, the correction of misplacements of the uterus, dilation of the os or cervix, or, finally, Battley's or Tait's operation for the removal of the ovaries."

The evening was occupied by a full report of the Bureau of Surgery in the discussion of the subject of "Antiseptic Surgery."

Deer Park, Md., was selected for the next place of meeting.

The report of the Committee on President's Address was presented by Dr. J. P. Dake, Chairman, and was as follows:

(1) That the Executive Committee be requested to report a suitable plan for establishing a depository for the archives. (2) That the same committee report on the feasibility of publishing the papers and transactions in four bi-monthly numbers. (3) That no member be placed on more than one bureau in the same year.

Notwithstanding the resolution, several names appear on more than one bureau.

The resolution offered by Dr. I. T. Talbot, of Boston, to re-establish the Intercollegiate Committee, to be composed of two delegates from each American homœopathic college, was carried.

The Bureau of Pædology was reported by its chairman, Dr. F. H. Orme, who opened the discussion.

Brief synopses were presented of the productions entitled: "Affections of the stomach and bowels from irritating substances swallowed or improper food reflected upon the nervous system," by Dr. B. F. Dake, and "Tubercular meningitis and alimentary disturbances connected therewith," by Dr. S. P. Hedges. Other papers synopsized by the chairman were: "Atmospheric influences affecting the nervous and alimentary systems," by Dr. A. H. Carville. The chairman closed the reading with a general *resumé* of the special subject, "Relationship of cerebral disturbances to disorders of the alimentary canal."

The following were elected officers for the ensuing year:

President, Dr. J. C. Sanders; Vice President, Dr. T. F. Allen; General Secretary, Dr. J. C. Burgher; Provisional Secretary, Dr. T. M. Strong; Treasurer, Dr. E. M. Kellogg.

The Bureau of Anatomy, Physiology and Pathology reported through its Chairman, Dr. Wm. Owens, who read a paper on the "Nerves of Organic Life."

The so-called banquet came off in the evening, with the customary toasts, with slight variation.

Dr. Dowling, in response to "The New Code *vs.* The Old," said: "I have a word to say of this effort on the part of the liberal-minded of our old school brethren of New York State to throw down the barriers between the schools. I know the leaders in this movement—Dr. Agnew, Dr. Barker, Dr. Roosa, Dr. Piffard and others. I know them to be upright, honest and liberal-minded men. I know that the charges made by their bigoted opponents that, in this action, they were prompted by mercenary motives, are vile slanders—

falsehoods as natural to those who utter them as are the falsehoods which they are conscious of having told daily for years past of us and of our motives. I believe that the efforts of these men will be crowned with success, and that the time will surely come when professional affiliation will be established."

If our report of the meeting is more meagre than former reports have been, the reason may be assigned to the fact that the participants in the proceedings have failed to furnish us with abstracts of their papers, as we invited each by circular letter to do.

The chairman of bureaus for the ensuing year are as follows: Gynecology, Dr. S. S. Lungren; Clinical Medicine, Dr. J. W. Dowling; Obstetrics, Dr. C. G. Higbee; Pædology, Dr. C. H. Lawton; Ophthalmology, etc., Dr. D. J. McGuire; Materia Medica, etc., Dr. J. P. Dake; Histology, etc., Dr. J. Edwards Smith; Organization, etc., Dr. J. T. Talbot; Medical Education, Dr. J. H. McClelland; Surgery, Dr. Geo. A. Hall.

Dr. Dake, of Nashville, offered the following important preamble and resolutions:

WHEREAS, It has been demonstrated in the report of Dr. J. Edwards Smith at this session of the Institute that the amount of impurity existing in sugar of milk may be detected by the simple process of incineration, and that a ten-gramme sample of ordinary purity ought not to give an amount of ash exceeding one and one-half milligrammes,

Resolved, That samples of sac. lac., ten grammes of which yield residuum exceeding one and one-half grammes in weight, shall be considered unfit for homœopathic use.

Resolved, That manufacturers of sugar of milk be requested to state on each package offered for sale the amount of ash in grammes produced from incineration of ten grammes of said sugar.

ALLEGHENY CO., PA., HOM. MED. SOCIETY.

By R. V. PITCAIRN, M.D.

FRACTURE OF THE LOWER END OF THE RADIUS.

In offering these few remarks on fracture of the lower extremity of the forearm, I have been prompted to do so by the great deformity, from unnatural prominence of the ulna, that has remained in several cases of Colles' fracture after treatment by me, and in one or two instances of which was not only the appreciation expected for services rendered failed to be accorded, but the distorted member has been thrust before my view on all occasions, and reflections made upon my responsibility for such wretched results. It is to this fracture, Colles', the subject is especially confined.

Barton's fracture, a condition where a fragment is broken from the upper and posterior portion of the articular end—the line of fracture reaching from the articular facet obliquely upward and backward—as well as other fractures occurring here, are but modifications of Colles', depending upon their distinction on the manner of displacement, etc. These are all of rare occurrence.

Colles' fracture is described as occurring usually transversely at from half an inch to an inch and a half above the lower end of the radius, and may be comminuted, the lower fragment containing the articular surface breaking in several portions.

The force causing the accident is most always indirect, resulting from the momentum of a fall with the weight of the body thrown upon the carpal extremity of the forearm—the weakest part of the radius—where the bone begins to expand and takes on a cancellous nature, with but a thin covering of compact tissue.

With possibly the exception of the clavicle, no other bone of the body is more frequently broken than the radius at this point.

There is little, if any, difficulty in recognizing the injury. Luxation of the wrist is of rare occurrence, and not readily distinguished from this fracture. Fracture may be present, and the fragments not being misplaced, or remaining in correct apposition, the nature of

the injury is liable to be mistaken for a sprain. This error is only to be avoided when crepitus is not apparent, by tracing the tenderness to a circumscribed position which, where the bone is broken, is on a line with the fracture.

The symptoms usually present are: inability to perform supination and pronation, and pain particularly on the ulnar side about the lateral ligament which is stretched. The lower fragment over-rides the upper, or is carried backward and upward by the supinator muscles of the forearm and extensors of thumb and wrist. Sometimes the edge of the superior portion of bone penetrates, and is impacted in the cancellous tissue of the lower fragment. The hand follows the articular, and toward the radial side, and the styloid process of the ulna is rendered especially prominent. The lower end of the radius forms a projection on the dorsal surface, giving rise to a corresponding depression on the opposite side. Crepitus is obtained by placing the sunken portions in apposition.

There are probably few fractures about which so widely divergent opinions prevail concerning the precise pathological conditions present as in Colles'. Likewise to an extent are the views in regard to treatment and obstacles to be overcome in adjustment. Among all the explanations given as to the cause of the great prominence of the extremity of the ulna, and the unsightly deformity therefrom, none seem to be more plausible and logical than that there is a luxation of this bone, and that the end becomes engaged in the ligaments at this point—the triangular ligament becoming detached, and the bone thrust through the lateral and posterior ligaments—preventing its returning to the proper position when dressing.

All the cases attended by me were among persons past the prime of life, and as the deformity is said to be mainly with patients of this age, and of rare occurrence with the young, there may possibly be some particular cause for the bad results found only at this advanced age.

The treatment adopted by me has been generally to place the fractured limb on a pistol-shaped splint, usually with a raised portion for the hollow of the hand to lie upon and grasp, so that the hand would rest in the flexed position.

Deformity has resulted in every case, some being more marked than others.

It may be the attention is too much engrossed with the fracture and means for retaining it in position that the presence of the luxation does not receive sufficient attention. However, the ulna is always more clearly defined and noticeable in an abnormal situation after the splints have been removed, and as speculation became rife as to the reason for such disappointing results, I am inclined to attribute it to a great extent to dislocation of the ulna, and to disapprove of the method of adducting the hand in dressing. The position of adduction only obscures and masks the deformity by maintaining the hand in this forced condition.

After the most absolute care and attention the result has been unsatisfactory, not only from most apparent deformity, but the mobility has been somewhat impaired.

When the splint is removed after dressing, as described, the hand assumes the position of abduction, being forced to it by the ulna impinging in its abnormal position upon the carpal bones.

Many surgeons, from obtaining the same results, advocate dispensing with splints and rely on the support of a bandage only, while others fulfill the supposed requirements by using a straight splint and claim better results.

The fragments after reduction are not very prone to return to their abnormal position, and need but slight confinement.

The question is said to be undecided in regard to the luxation of the ulna, but it is difficult to think of this fracture with over-riding of the fragments without it,

and the deformity would only favor and strengthen this conclusion. It may be added that over-riding of the fragments was present in every instance to which my attention has been directed.

Never meeting with a fracture of this kind in a young person with distortion of the parts, I am unprepared to state the reasons for the absence of the deformity here, and its presence among those of more advanced life, but possibly the relaxed condition of the ligaments of the latter class may in a manner account for its occurrence at this period.

One or two cases of injury to this part in young persons have come under notice, but nothing presented itself other than would permit the diagnosis of sprain.

The accident, it is said, though not rare at any period of life, while more common in men to about the age of 30 years, is remarkable for occurring most frequently among females at a more advanced age. Hamilton, in his treatise on Fractures and Dislocations, says that of 92 cases recorded there were but 26 recoveries presenting no deformity or stiffness.

He reports five cases, one of them a boy of 11 years, the others past the prime of life, treated by himself, all of which gave undoubted evidence of fracture, and not one presented any deformity after his attention.

His manner of dressing was with the pistol-shaped splint, varied in the course of treatment occasionally by the straight position.

He relates no other cases of this injury as receiving attention from him.

However, he instances Mott and other eminent men as having stated that recovery without deformity was seldom obtained when treated by those of marked ability, even where unusual care was exercised.

After the use of the straight splint on one or two occasions, the results have appeared far more satisfactory. And for the observance of the effect, placing the hand in a somewhat abducted position, with full extension, a fair opportunity is only awaited.

If this paper should elicit any information bearing on the subject, it will secure the object intended.

DISCUSSION.

DR. J. H. McCLELLAND: I believe the occurrence of the variety of fracture of the radius known as Barton's, strictly so-called, is very rare—in fact, its existence is denied by some of our leading surgeons.

In treating Colles' fracture, I have a narrow strip of board nailed on the ulnar side of the splint, and by firm pressure with the bandage and padding where necessary, can best retain the fragments in apposition. My experience has been very similar to that of the essayist, as well as that of our authorities—deformity, more or less, being the rule.

DR. PITCAIRN: Dr. Helmuth, in his work on Surgery, says that Dr. Moore is reported as considering dislocation of the ulna as a prominent feature of this fracture, and meets the condition by reducing the luxation by extending and adducting, and again abducting the hand so as to disengage the entanglement of the end of the ulna. This is followed by placing a compress over the luxated bone, and retaining it by means of adhesive plaster, afterward applying the splint for the retention of the fracture.

DR. DEAN: I saw an article in one of our journals a short time ago, recommending the use of a straight splint extending two or three inches beyond the tips of the fingers, with strips of adhesive plaster applied in such a way as to exert extension and counter-extension. I had an opportunity to try this method shortly afterward in the case of an old lady, and found the plan to be practicable, the result in this case being good, and the projection of the ulna being very slight.

DR. DINSMORE : I have had several cases, but deformity was usual. In one case I used the straight splint, but the deformity was great. This may have been due to the fact that I was not able to see the patient very often, and he failed to come to see me. Since that time, however, I have used the pistol-shaped splint. One case treated in this way recovered without any deformity whatever.

DR. CHILDS : My experience differs somewhat from that of the writer, as I have never had a case occurring in an old person, and never had but one occurring in a female, and she was only twenty-one years of age. In three cases, one aged twenty years and the others under sixteen, union occurred without deformity. These were all treated on pistol-shaped splints, having a piece of tin nailed to the ulnar side, and well padded. I always use the pistol-shaped splint, and never find that it causes discomfort. I think there is nearly always a dislocation of the ulna.

DR. BURGER : The last case I had was in a boy of ten or twelve years. I applied a straight splint, but not being able by this means to retain it in position, I applied a plaster of Paris dressing, keeping the wrist well extended during its application, and the case recovered without any deformity. There is a great difference in different cases. In some the fragments are impacted, and there is, therefore, little or no displacement.

DR. WINSLOW : In estimating the amount of deformity existing after the reduction of Colles' fracture, we must not lose sight of the fact that there is a great difference in the natural prominence of the styloid processes in different patients. The fracture often occurs in poor people, wash-women and others who are obliged to work hard, and in consequence of this the processes have become abnormally large.

DR. C. H. HOFMANN : I do not like the pistol-shaped splint. It is uncomfortable for the patient, and does not fully meet the requirements. The best way of treating such injuries, in my opinion, is with an anterior and posterior straight splint, tied with three pieces of bandage, no bandage being first applied to the arm. You thus have the fracture entirely open to inspection, and the results of this treatment compare favorably with those of any other method. In one case, dressed as above, the patient recovered with very slight deformity. The movements of supination and pronation were interfered with as is usually the case, but as this is due to the formation of callus, it generally disappears in the course of time.

DR. COOPER : I have no affection for cases of Colles' fracture. The results of treatment are not satisfactory. I have never met with a case occurring in a young person, all my cases having been over sixty years old. It has usually been the right radius that has been fractured. Where a patient has suffered fracture of both wrists, we usually find that the right has been injured first, and when the person falls again, the left arm, being the stronger, is instinctively thrown out to save him, and injury results.

The pistol-shaped splint cannot be adopted as a universal dressing for these injuries. If there is no dislocation of the ulna, it will meet the requirements perfectly, but if the ulna is dislocated, its use only aggravates the deformity and perpetuates it. In reducing a fracture of this variety, I make extension and manipulate the parts, applying sufficient pressure to put the fragments in position, not ceasing until I am satisfied that it is in perfect coaptation.

DR. H. H. HOFMANN : The cases of Colles' fracture that I have treated, not very many, have been in elderly persons. A long posterior splint, reaching to the tips of the fingers, with an anterior one reaching only to the palm of the hand, allows motion of the fingers, and prevents ankylosis, which frequently occurs if the fingers are kept immovable.

DR. FERSON : Holmes mentions a dressing composed of a straight anterior and posterior splint reaching only to the carpus, and the arm being so slung in a bandage passed about the neck, that the forearm, being in a state of semi-supination, the weight of the hand causes extension. This acts on the principle of the pistol-shaped splint, but as it does not interfere with motion of the wrist joint, ankylosis is prevented.

DR. BINGAMAN : In one case I used a splint of pistol-shaped form, made of felt. It made a very nice splint, and the case did well, having only slight deformity.

DR. ANDERSON : I have lately treated a fracture of the left radius. Some years ago the patient had had the right one broken, which would seem to confirm the idea advanced by Dr. Cooper.

R. E. C.

TRANSLATIONS, GLEANINGS, ETC.

CLINICAL OBSERVATIONS.

The TIMES intends to devote space in each future number in which to record clinical observations which may be depended upon at the bed-side, and we hereby invite contributions to this special department, for which due credit will be given.

We should prefer that the reports should follow as nearly as practicable, the following plan :

Euphrasia officinalis, drop doses of the tincture of the fresh plant will promptly cure without other means cases of ulceration of the cornea, as well as the various forms of conjunctivitis, characterized as follows :

Great swelling of the eyelids, with spasmodic closure. Chemosis, profuse acrid lachrymation and thick yellow mucus discharge, excoriating and cracking the skin. The child sleeps all the time, and bores its head into the pillow to shut out the light, so intense is the photophobia. There is often a swollen, excoriated condition of the nose, the skin is cracked, and all the parts are exquisitely sensitive to touch, especially to washing, which increases the redness. *Vaseline* is generally contra-indicated in these cases, because it makes them worse. There is often, also, co-existing eczema, especially in teething children, on different parts of the body.

Kalmia latifolia, in half drop doses of the tincture every half hour, will promptly relieve the ordinary variety of prosopalgia, worse at night and from heat, better from cold, affected parts are tender to touch.

Belladonna in one fifth drop doses of the tincture relieves after-pains characterized as follows : Intense, cutting, twisting pains, with throbbing, coming and going suddenly, desire to raise the head or sit up, with red cheeks and headache.

Contributed by Dr. B. G. Carleton.

Caulophyllum thal., two drop doses of the tincture night and morning for a week previous, and during menstruation if continued during three periods, will cure spasmodic or congestive dysmenorrhœa. It is indicated by the colic-like pains, swelling and tenderness over the uterine region, frequently accompanied with diarrhœa and vomiting.

Kali hydriod. in $\frac{1}{10}$ grain doses three times a day will cure chronic cystitis in the aged, characterized by the alkaline condition of the urine, frequently containing crystals of the oxalate of lime. Involuntary emission, especially during motion, of strong odor, excoriating the parts, and destroying the clothing it comes in contact with.

Arsenious acid in $\frac{1}{10}$ grain dose, is rapidly curative in acute gastric catarrh, brought on by indulgence in tainted meat, etc., the chief indications for its use being frequent vomiting, first of the contents of the stomach, then of a thin, watery acid and frothy fluid, in small quantities, with constant nausea, empty vomiting, burning in the epigastric region, frequent thirst for small quantities of water, restlessness and rapid prostration.†

Teucrium marum cerum, drop doses of the tincture three times a day, cures all cases of pin worms; indicated by the swelling, creeping, itching and violent stinging in the anus, especially at night in bed, causing restlessness, frequent creeping in the rectum after stool, and the presence of the oxyuris.

OCULAR THERAPEUTICS.

Having received through the courtesy of Dr. C. J. Lundy, Surgeon-in-Chief, the report of the Michigan Free Eye and Ear Infirmary and Hospital, at Detroit, for the two years ending Sept. 1, 1882, we present the following extracts concerning some of the curative agents which have been employed in the institution:

Duboisia has been used in a large number of cases. It is a prompt and powerful mydriatic, and paralyzes the ciliary muscles very effectively. When used preparatory to the fitting of spectacles, it has decided advantages over *atropia*. In the treatment of iritis and the breaking up of adhesions between the iris and the lens capsule (posterior synechia) *duboisia* does not seem to possess any special advantages over *sulphate of atropia*. Indeed, it was found to possess certain disadvantages which greatly limited its range of usefulness. When strong solutions were frequently instilled into the eye, it was quite liable to produce intoxication. But while it produces annoying symptoms in some cases, yet there is no danger attending its use in the eye if that use be at all cautious.

Homatropine. Where it is simply desirable to dilate the pupil for the purpose of making a critical examination of the fundus of the eye, the *hydrobromate of homatropine* is preferable to any other mydriatic on account of its transitory effect.

In iritis and other inflammatory troubles in which mydriatics are indicated, the feeble action of *homatropine* renders it inferior to *duboisia* and *sulphate of atropia*.

Eserine has decided therapeutic value, and has been used successfully in a large number of cases. In corneal ulcerations, where no iritis exists, and especially where such ulcer assumes the asthenic type, *eserine* is a valuable remedy. In cases where there existed imminent danger from necrosis and sloughing of the cornea, and in certain cases of corneal abscess, no single remedy was found equal to *eserine*. In such cases, however, it has to be used with circumspection, on account of its liability to excite inflammation of the iris.

Pilocarpin is a mydriatic of considerable power, and, like *eserine*, antagonizes *atropia*, *duboisia* and *homatropine*. Like *eserine*, also, it has been found a valuable remedy in corneal ulceration; and like the latter it must be used with caution where there is danger of iritis. It has been used with advantage in several cases of paralysis of the ciliary muscle and of the sphincter of the pupil. By the use of *pilocarpin* we can do even more for these muscles than we can do for the external ocular muscles by mechanical means.

The hypodermic use of the *muriate of pilocarpin*, so highly recommended by some authorities in *choroiditis disseminata*, has been fairly tested, but appeared to be followed by no material improvement. The plan pursued was, to begin by injecting hypodermically one-twelfth of a grain of the salt each day. The quantity was gradually increased till one-fourth of a grain was injected at a time. In every instance the *pilocarpin* when thus employed, produced the full physiological effects of the drug. The symptoms noted were flushing and heat of the surface, quickly followed by moderate perspiration, free flow of saliva, and "strange feeling of uncertainty." The quantity of urine was much increased for several hours after the injection.

Boracic acid, in the form of powder, has been found more uniformly successful than any other remedy in the treatment of chronic suppurative otitis media. In only

one case of this kind out of the 62 which have applied has the disease been found to resist the *boracic acid* treatment for any length of time, and even that is now doing well.

Salicylate of soda. Dr. Lundy calls special attention to the value of this agent in cases of so-called rheumatic iritis but which are really cases of acute plastic iritis, occurring in rheumatic patients. Those to whom it was given recovered in about one-half the time that others did to whom it was not administered. Pain was much more easily controlled, and there was less liability to formation of firm posterior synechia than where the *salicylate* was not given. To be fully effective it should be given freely. At least three drachms should be given in the twenty-four hours if the patient can tolerate it.

A NEW THEORY OF ACUTE YELLOW ATROPHY.—Dr. H. Hlava, of Prague, in a series of articles in the *Prager Medicin. Wochenschrift*, upon acute yellow atrophy of the liver, announces the following conclusions: 1. An acute yellow atrophy begins with an increase in the size of the liver. 2. The process is of a purely degenerative nature. 3. The disease is an infectious one. Hlava found in his two cases small, round and rod-shaped organisms, which filled the biliary duct throughout the organ. They resembled the *bacillus gastricus* of Kleds.

POISONING BY CHLORAL HYDRATE.—A patient in a prominent insane asylum in the East (says Dr. Madigan, in *Chicago Med. Review*), being seized with a violent attack of epileptic mania, received from an assistant physician, one ounce of *chloral hydrate* at a single dose. Active treatment being applied—though not until the greater portion of the narcotic had been already absorbed into the circulation—the patient recovered. No extraordinary phenomena presented themselves until the third day, when a *vivid scarlatina form of eruption*, involving the entire body, made its appearance, which fully desquamated within two days afterward.

MISCELLANY.

—A municipal laboratory of hygiene has been founded at Lisbon.

—*Removal*. Dr. W. T. Branstrup from Vincennes to Laporte, Ind.

—There is an epidemic of scarlet fever at present in the town of Flatbush, L. I.

—Dr. Robert Druitt, the well-known surgical author, died May 15, at the age of sixty-eight.

—The Governor of Texas has, in a message to the Legislature, advised that vaccination be made compulsory in the State.

—Drs. John M. Foster and J. L. Daniels, late of the House Staff, Homœopathic Hospital, W. I., have gone abroad for several years' study.

—The American Surgical Association held its annual meeting in Cincinnati May 31 and compelled its members to indorse the "Old Code."

—The death is announced of the eminent German physiologist, Gabriel Gustav Valentin, Professor of Physiology at the University of Berne.

—The new building of the Harvard Medical School has suffered considerable damage by fire, thus delaying the opening, which had been fixed for an early date.

—Ten dollars will be paid for a copy of *Hahnemann's Organon*, translated by Dr. R. E. Dudgeon, upon application to C. T. Hurlburt, 3 East 19th street, New York.

—Lord Byron's deformity, according to sketches made from a cast of his foot by a surgeon who attended him, was a veritable club-foot of the kind known as talipes varus.

—Sir William Thomson follows Dr. Thomas Reed in ascribing to man six senses instead of five, namely, the sense of force, of heat, of sound, of light, of taste and of smell.

—In the ruins of Pompeii has been lately discovered a quadrivalve speculum, exquisitely proportioned, with a movement unsurpassed by the most perfected of modern instruments.

—Lewin believes that the only rational mode of employing *santonin* as an anthelmintic is in the oily state. The likelihood of the appearance of toxic symptoms is thereby reduced to a minimum.

—Dr. Johnson, of Texas, reports the case of a child who had a menstrual discharge when a week old, and has menstruated regularly every month up to the present time. She is six years old.

—The Alumni Association of the Jefferson Medical College, of Philadelphia, has decided to found a Professorship of Pathological Anatomy in the College, in honor of Professor S. D. Gross.

—Dr. E. Guernsey Rankin will be located during the summer at Long Beach. During his residence there the past two summers he has had hosts of friends who will be glad to hear of his return.

—We are glad to see that President Shaler of the Board of Health proposes that Sanitary Inspectors shall report daily the condition of the streets, so that the scavengers may be held strictly to their duty.

—The *Medical Era* is the name of a new monthly published by the enterprising firm of Gross & Delbridge of Chicago, with Dr. T. D. Williams as editor. The initial number presents a flattering appearance.

—A WISE LAW.—A bill recently passed the Legislature giving the Board of Health of this city power to compel the drainage of unimproved property within the city limits. Similar power should be given to every town and city throughout the country.

—Dr. Truzzi vaccinated a number of pregnant women during the last three months of gestation, with a view to determine the protection, if any, afforded to the child. The results were negative, as the children were all successfully vaccinated a few days after birth.

—A piece of land in the suburbs of Washington has been purchased at a cost of \$32,500, for the erection of the Garfield Memorial Hospital. The cost of the building will be defrayed from funds realized by the sale of the Soldiers' and Sailors' Orphan Asylum property.

—The Chicago Homœopathic Medical College has conferred upon Prof. J. S. Mitchell a testimonial of esteem, in the shape of appreciative resolutions engrossed upon parchment, upon his retiring from the position of President of its Faculty, after a service continuing since its organization.

—An Act passed by the Ohio Legislature, on March 15, 1883, providing for the systematic sanitary inspection of schools, deserves notice as being the first law ever passed by any State in the Union providing for such inspection. It is to be hoped that other States will speedily follow the example.

—The American Pædological Society held an interesting meeting at Niagara Falls, June 18, with President R. N. Tooker of Chicago in the chair. The following were elected officers for the ensuing year: President, Dr. J. C. Morgan; Vice President, Dr. M. Deschere; Secretary and Treasurer, Dr. L. C. Grosvenor.

—The Presbyterian Eye, Ear and Throat Charity Hospital, of Baltimore, whose new building was recently dedicated, is (says the *New York Medical Record*) supported in a somewhat novel way. Each of the Presbyterian churches in the city in succession takes charge of the hospital for a month, paying all expenses. When a congregation is too small to bear the expense, two are united.

—The epidemic fund of one hundred thousand dollars, to be used in the discretion of the President of the United States, will be employed only in cases of actual or threatened epidemic, in which event the Secretary of the Treasury is empowered by the President to disburse the fund in aid of State and local boards of health, to prevent the introduction or spread of the disease.

—According to old school estimates, distinctive homœopathy has unmistakably lost ground in England. In 1853 there were 213 practitioners; in 1862 there were 218; in 1871, 278; in 1880, 275. We are confident that the believers in the principle upon which this practice is based have increased, as well as the practitioners who include it in their practice, but decline the sectarian cognomen.

—A person in good health, with fair play, says the *Lancet*, easily resists cold. But when the health flags a little, and liberties are taken with the stomach or the nervous system, a chill is easily taken. Of all causes of "cold," probably fatigue is one of the most efficient. Luxurious habits are also favorable to chill-taking. It thus appears that "taking cold" is not by any means a simple result of a lower temperature, but depends largely on personal conditions and habits, affecting especially the nervous and muscular energy of the body.

—PROPOSED MEDICAL MUSEUM.—The American Medical Association adopted resolutions at its recent meeting, calling upon Congress to provide a fire-proof building for a National Medical Museum for the Medical Department of the army, with an appropriation of \$10,000 in aid of a library.

The Navy Department has started a Hygienic Museum, and it is proposed to establish a Museum of Hygiene in New York similar to the one recently inaugurated in London, with library and reading-room accessible to all, without charge during certain hours. Both of these movements deserve universal support.

—Dr. T. Morris Strong, Chief of Staff, makes the following report of the Homœopathic Hospital, W. I.: During the month of May there was admitted 488 patients, which, with the 385 remaining at last report, give a total of 873 treated during the month. Of this number 445 were discharged and 25 died: a death-rate of 2.86 per cent. Number remaining June 1, 403. The number of patients treated for the five months, ending May 31, is 3,161, an excess of 704 over the corresponding date of 1882. The death-rate has been 4.94 per cent., as compared with 6.02 per cent for 1882. Forty visits have been made during the month by the visiting physicians, and frequent inspections by the Committee of Inspection.

—Speaking of Dr. Holmes at the Unitarian Festival in Boston, the Rev. Dr. Hedge said: "We were schoolboys together. Physically he was not formidable, as boys estimate boys, but he conquered us all by his superior gift of speech, and even then in those younger years he dispensed his wit and his humor in no homœopathic doses. And, in fact, he has never taken kindly to homœopathic doses at any period of his life. I once ventured to speak favorably of homœopathy to him, and he was pleased to say, 'I haven't much respect for your intelligence.' I immediately said that homœopathy held a very humble rank in the scientific mind; that the old practice in the view of scientific men was the royal road, was the path to glory; but I thought to myself—I didn't dare to say it—that often, unfortunately, the paths of glory lead but to the grave."